To study the problems among people with special need (Old Age) in old age homes of Delhi

THESIS
Submitted to
Faculty of Home Science
Bundelkhand University, Jhansi

For

The Degree of
Doctor of Philosophy
Home Science

By

Smt Uma Kumari

Supervisor
Dr. Meenakshi Singh
Head
Institute of Home Science
Bundelkhand University
Jhansi

CERTIFICATE-1

It is here by certify that the thesis entitled **"To study the problems among people with special need (Old Age) in old age homes of Delhi"** submitted to the Bundelkhand University, Jhansi (U.P) India for the award of the degree of DOCTOR OF PHILOSPHY in Home Science is a record of bonafide research work carried out by Smt. Uma Kumari under my guidance and supervision. The work done here has not been submitted for the award of any other degree or diploma.

MSingh

(Dr. Meenakshi Singh)
Supervisor
Head
Institute of Home Science
Bundelkhand University, Jhansi

DECLARATION

I hereby state that the present work entitled **"To study the problems among people with special need (Old Age) in old age homes of Delhi"** has been carried out by me under the supervision and guidance of **Dr Meenakshi Singh, Head, Institute of Home Science, Bundelkhand University, Jhansi (UP)** and to the best of my knowledge a similar work has not been carried out anywhere so far.

Dated:

Uma Kumari

(Smt. UMA KUMARI)

ACKNOWLEDGEMENT

I take this opportunity to express my deep sense of gratitude and indebtedness to Dr. Meenakshi Singh, Head, Institute of Home science, Bundelkhand University, Jhansi (UP) my supervisor for his keen interest, constructive criticisms, unceasing encouragement and untiring elderly guidance throughout the study.

I am thankful to the faculty members of Home science Institute for their kind gesture during the course of my study

Thanks are due to the in-charges of old age homes namely for their help and cooperation during my survey and visits to collect the information from the respondents.

Constant mental support and affection of my husband Harpal, children and my in laws who had been a constant source of inspiration during the entire period of my study.

Uma Kumari

(Smt. UMA KUMARI)

CONTENTS

LIST OF TABLES

LIST OF FIGURES

Chapter-1

Introduction

INTRODUCTION

Old age is the closing period in the life span. It is a period when people "move away" from previous more desirable period-or times of "useful ness". As people move away from the earlier period of their lives, they often look back on them, usually regretfully, and tend to live in the present, ignoring the future as much as possible. Age sixty is usually considered the dividing line between middle and old age. However, it is recognized that chronological age is a poor criterion for marking off the beginning of old age because there are such marked difference among individuals in the age at which aging actually begins. Because of better living conditions and better health care, most men and women today do not show the mental and physical signs of aging until the mid sixties or even the early seventies for that reason, there is a gradual trend towards using sixty five, the age of retirement in many business-to mark the beginning of old age. The last stage in the life span is frequently subdivided in to "early old age", which extends from age sixty to age seventy, and advanced old age, which begins at seventy and extends to the end of life. People during the sixties are usually referred to as "elderly"-meaning somewhat old or advanced beyond middle age and "old" after they reach the age of seventy meaning, according to standard

dictionaries, advanced for in years of life and having lost the vigor of youth. Like every other period in the life span, old age is characterized by certain physical and psychological changes, the effect of these changes determine to a large extent wheather elderly men and women will make good or poor personal and social adjustment. The characteristics of old age, however are for more likely the lead to poor adjustment than to good and to unhappiness rather than to happiness. That is why old age is even more dreaded in the American culture of today than middle age.

As has been stressed repeatedly, people are never static. Instead, they constantly change. During the early part of life the changes are educational in that they lead to maturity of structure and functioning. In the latter part of life, by contrast, they are mainly evolutional, involving a regression to earlier stage. These changes are the natural accompaniment of what is commonly known as "aging". They affect physical as well as mental structure and functioning. The period during old age when physical and mental decline is slow and gradual and when compensation can be made for these declines is known as senescence. A time of growing old or of aging people may become senescent in their fifties or not until their early or late sixties depending upon the rate of physical and mental decline. The term "senility" is used to refer to the period during

old age when a more or les complete physical breakdown takes place and when there is mental disorganization. The individuals who become eccentric, careless, absentminded, socially withdrawn and poorly adjusted in usually described, as "senile" senility may come as early as the fifties, or it may never before deterioration sets in.

Today even more than in the past, it is recognized that aging affects different people in a different manner. Thus it is impossible to classify anyone as a typically" old person or any trait as "typical" of old age people age differently because they have different hereditary endowments, different socioeconomic and educational background and different pattern of living. These differences are apparent among members of the same sex, but they are even more apparent when men and women are compared because aging takes places at different rates for the two sexes. Old people are expected to adjust to decreasing strength and gradually failing health. This often means marked revisions in the roles they have played in the home and outside. They are also expected to find activities to replace the work that consumed a major part of their time when they were younger. Meeting social and civic obligations is difficult for many older people as their health fails and as their income is reduced by retirement. As a result, they are often forced to become inactive

falling health and reduced income likewise requires the establishment of new living arrangements, which are earlier years. Sooner or later most old people must adjust to the death of spouse. Often means reduced income and hazards associate with living alone. It may necessitate changes in living arrangements.

Some common problems unique in old age are

- Physical helplessness, which necessitates dependency on other.
- Economic insecurity severe enough to necessitate complete changes in pattern of living.
- Establishing living condition in accordance with changes in economic or physical condition.
- Making of new friends to replace those who have died or moved away or who are invalided.
- Development of new activities to occupy increased leisure time
- Learning to treat grown children as adult.
- Becoming involved in community activities planned for the elderly.
- Being "Victimized" or taken advantage of by salespersons, hoodlums, and criminals because they are unable to defend themselves.

Internal changes are not as readily observable as external ones, they are nevertheless as pronounced and as widespread changes in the skeleton are due to mineral hardening of bones, deposit of mineral salts and modification of the internal structure of the bones. Changes in the nervous system come early in the aging period. They are reflected first in a decrease in the speed of learning and later in a decline in intellectual power. The viscera go through a marked transformation with advancing age. Atrophy is particularly marked in the spleens liver, testes, heart, lungs, pancreas and kidneys perhaps the most marked changed of all in the heart. There are also changes in the functioning of the oranges regulation of body temperature is influenced by impairment of the regularly devices, old people can not tolerate extremes of temperature, either hot or cold because of the decreased vascularity of the skin, reduced metabolic rate and lessened muscular vigor temperature difficult. When old person becomes short of breath as a result of unusually exertion it takes longer to restore breathing and heart action to normal than it did when younger. Pulse rate and oxygen consumption are more varied among the elderly than among younger people, elevated blood pressure due to the increased rigidity of the walls of the aorta and central arteries is quite common in old age.

Elderly people excrete less urine, and there is less creatine in their urine than in that younger adult. Digestive changes are perhaps the most marked of the changes in the regulatory functions. Difficulties in eating are due to partly to less of teeth, which is fairly universal in old age and also to the fact that the senses of smell and taste become less acute, making even the best food seem somewhat tasteless. All the sense organs function less efficiently in old age than they did when the individuals was younger, However, because sensory changes are slow and gradual in most cases, the individual has an opportunity to make adequate adjustments to them furthermore, glasses and hearing aids can almost completely compensate for impaired vision of hearing. The eyes and ears, which are the most useful of all the sense organs, are also the most seriously affected by old age. Although changes occur in the functioning of all sense organs.

A home for those who have no one to look after in their old age is also urgently needed. Such a home was established by Swami Vivekananda at Vansari in Uttar Pradesh. A similar home is coming up in Barisha in Behala on the outskirts of Calcutta. This home is being built by the Ramakrishna math with the cost of Rs. 1.5 crore and would accommodate 100 old people. An old people's home was established in

Bangalore as early as in 1830, *Little sisters* of the poor an international agency, which runs 305 old people's Homes in thirty countries including in India. The old age home of Bangalore was started in 1900 and it gives shelter to 200 old men and women. There are few other such homes and shelters. Twenty institutions in the country are getting grants from the welfare ministry. Day care centers for the old where the aged can usefully spend their day and return home in the evening are also needed in India. These day care centers would promote non-institutional care for the old without taking up the huge finance required in running Homes for the aged.

The ministry of welfare has set up an inter-ministerial committee to devise a programme of action to help the aged to live a life of dignity and free from privation. The idea apparently originated from the round table conference sponsored by the Indian Council of Media Research (ICMR) in December 1986 when the discussion threw up a number of useful suggestions. The other states should follow suit and the centre must give direction so that uniform policy for the care of the aged is adapted by the entire states. Professional social workers in different agencies and departments should also help in the care of the aged. The old people served by the help age India's medical van revealed that with

the break up of joint family the aged have become the worst suffers for those who have no issues suffers lack of care on the death of their partners. But even those who have children fare no better and find it difficult to live a decent life because their children consider them a burden.

Before the situation takes an ugly turn, steps need be taken to restore the dignity of our aged parents by looking their basic needs, including food, medical care and recreation. The report of a *WHO Expert Committee on Mental Health* recommended the provision of various types of facility for the aged and age's within the community, extended domiciliary. Services, day hospitals, Special Out Patient Services, assessment and guidance centers and short stay units. It was considered that long stay hospital care should be contemplated only as a last resort when community efforts were no longer sufficient to create a tolerable life for old people. The report also recommended the collaboration of voluntary worker with the health and welfare services, together, with the families concerned, in caring for the aged.

Pension, gratuity, provident found and other retirement benefits cover only a small section of the aged population consisting of government servants and workers in the organized section. However, a

larger number of aged people who have insufficient savings of their own or who have no one to look after them need regular financial assistance. Another 65-year-old man from a business community who had a number of psychotic episodes in the past is left in the hospital for good even after being declared as symptom free.

As people get older, the scope and sphere of their social interaction are reduced to the family circle. Even here, structural changes further reduce the interaction of the old with the young. This results in serious socio-psychological problems to the aged especially in the developing countries like India where rapid social change has wiped off many traditional sources of strength for the old without evolving new ones to fill up the gap. The studies have identified communication gap between the old and young (consequent on the generation gap and structural shifts) as the main source of stain and uneasiness for the old in the new changed situation. In traditional India the authority of aged was given much weight and respect by the young. The young had to consult the aged in all matters. But the situation has undergone fundamental changes and the authority of the elder has declined. An increasing proportion of men and women of the younger generation who are to take care of aged is attracted towards outside employment. As a result they face paucity of

time to interact with the elder members of their family. Those who are employed in far off places can not afforded to take their aged parents and other member of their kin group with them. Hence the younger generation prefers mobile, nuclear family to the traditional complex family set up.

As per one study 46 percent of the aged aspire for high interaction with the younger and only 16 percent of the young want to have such interaction with the older people. This indicates that the younger generation aspires for lesser interaction with aged through communication regarding aspiration for interaction through activities, similar result was obtained. The aspiration of the younger generation in this context is still lower than their aspiration for interaction through communication. Only 12 percent of them like to have high interaction and 72 percent medium interaction. The corresponding figures in the case of the older generation are 62 percent and 34 percent respectively. Both adults and youth hold characteristic attitude about youths growing and about either growing up. Adult attitude may serve either to facilities or to obstruct in youth's induction to adulthood. Some parent accepts their children's changing status because they may desire release from the responsibilities relating to the parental role or they may resist recognizing

their children's increasing maturity because to do so would acknowledge their own aging status for their part. Some youth eagerly anticipate adulthood, and others feel anxious about it. Still other hold some what ambivalent attitude about it, they may look ahead eagerly, desiring the privileges that customarily accrue to the adult of they may cling to adolescence because it is more carefree romantic and pleasant some individual among them collage athletes-have a greater stake in prolonging adolescence than other's do.

One of the most difficult problems of the widowed in later years is finding of another mate. As individuals get older they have less control over their social relationships including the ability to maintain contact with friends. Their adult children may indiscriminately move them from here to there for practical reasons. They may be relocated in new high babyhoods because of urban renewal or they may uproot from their own home because they are no longer able to take care. It is difficult for them to make friends in their new environment partly because they have less mobility. In addition, new neighbor and friends rarely provide the same felling of security as old ones. The sexual double standard is especially apparent, for older men are six times more likely to marry than older women. In the case of the widowed of either sex, heirs, children and even

the memory of the departed spouse may interfere with remarriage. Parents may perceive their children's relationship with them as somewhat obligatory; the generations have no special need for their older parents.

Especially after widowhood and retirement, older people seek out relationship with their contemnors. Only their counterparts can share their own feelings of self-esteem and usefulness. At older ages, when peers are unavailable, sibling relationships may become important because again they are of similar age. Indeed, sibling relationship take on friendship aspects in later life-older people naturally feel more comfortable feel some what unwanted in groups of younger people. They also get along better with person who have shared the same period of early socialization and who have live through the same historical times. They share recollection of the ball player, movie actors, automobiles and politicians they remember dancing the same dances, using the same slang, fighting in the same wars, wearing the same clothing styles "

While loneliness is psychological state it helps to produce physical ailments and may even lead to suicide. People who are often lonely report feelings of being self-enclosed. Hopeless and abandoned everyone has a need for attachment or intimate relationship, as with a spouse or lover and a sense of community, most adequately fulfilled by a network

of friends who have similar concerns. Either of these needs, if not met, may result in loneliness, and the only cure is to replace what is missing. Aging people may feel cut off from their social and martial environment because their senses are failing. They also sense that they have been put up on a shelf just because they are old. Becoming, unable to drives is especially damaging, since almost satisfying life style involves much going and coming.

Some older people are very independent going out mainly with groups others has only one, or a few, intimate friends. The consequences when they lose such friends may be devastating, especially for those who hardly recognized consider how the old are some time-uprooted form on environment to another, the process perhaps leaving friends who are closest person to them in the world. A special form of isolation is that resultant from being removed from familiar surroundings or possessions furnitures are momentous, as well as independent income. Sometimes they sell treasured possessions just to survive.

Financial problems can be a major cause of stress at older age, if not clear whether or to what extent, the financial plight of older people is worse than that of younger adults. However, older people are hit harder by high inflation and soaring living costs than younger groups.

Besides, may older people with low incomes have just enough money of disqualify them from receiving Medical aid. Besides, many differences exist among the status in the forms and levels of health benefits. Secondly, in the family power hierarchy, the breaking of traditional social structure was going against the old. The oldest man was the head of the family and administrator of the family property other members had to be subservient to him because they had to be no independent source of income. The position changed when the economic structure underwent change. Under the new system, member could not only get employment out side the family to keep younger people, most of whom were not so happy win the regaine of old. Further many countries passed the legislation permitting the partition of the family property among member. This also undermined the position of the old who controlled all the family resources. Thirdly the position of the old in working class families changed for other reasons. In traditional societies those who worked never "retired" they continued to be in the labour force as long as their health permitted. Their withdrawal from it was unspectacular and without a sudden loss of income. But under the new situation they suffered on account of three factors.

1. The new labour laws and practices prescribed a retirement age

2. Many of the skills required for new jobs were not unknown to the old nor could this be gained easily during later life.
3. The severe unemployment situation in many development countries resulted in the displacement of the old by the younger. The old were thus dependent on the younger in their retried life as they lacked adequate and this dependent began to be felt very early in old age.

The fact that life is a continues process of growth, beginning from infancy and coming to old age through childhood and adulthood, and that it ultimately terminates with the death of an individual, is an obvious phenomenon and need to be emphasized. The course of life is influenced by several factors, like the biological and cultural inheritance of an individual, and his status in the age and social structure of the society. Age and aging are equally related to role-taking value orientations and modes of behavior of a person the expectation of which varies at different age-stages of members of a society.

Every society is stratified in term of age of its members, just as there is stratification of the population in terms of social and economic factors. Mobility through the age strata does not depend upon an individual's personal achievement or a group's ascription. It is

biologically determined. Unlike mobility through the class strata, it is irreversible. Significance of age as an element of social structure becomes clear, firstly, from the way it affects the capacity of people at varying ages, (or stages of development) to perform important social roles, and, secondly, from the normative distribution of roles among the member of different age group. "Thus the social system which depends upon the continuing performance of numerous age specific function, must accommodate the endless succession of generation that are born, grow old and die within it."

Old age is a universal phenomenon. The numbers of old people are increasing all over the world, both, in absolute terms and in proportion to the population. The changes in the demographic structure of societies during the last few decades, particularly since the beginning of the present century, have made the aged a socially more visible section of the population. Similarly, social and economic changes brought about by the dual process of industrialization and urbanization have created a relative uncertainty about the traditional status, role and significant of the older people in the society. The challenges of old age come from various other sources as well. There are signs of the come from various other sources as well. There are signs of the aged being pushed to a relatively

insignificant social position as the modern society is increasingly getting youth-oriented, where utility, productive capacity, health, independence, individualism, and achievement are the dominant values. Old age is generally accompanied by a number of problems that the aged have been face and adjusts with in varying degrees. These problems may range from an ensured and sufficient income to support themselves (the aged) and their dependent, to sound health, creative use of free time social security, love and recognition, social participation, dignity and self-respect.

Loss of economic independence and physical vigour and the emergence of various types of degenerative disease changes and aged from an independent self-supporting individuals to one who needs help form his children, members of the family and the society in general. Absence of common interest and lack of extensive and regular interaction with the younger member in the family may result in social isolation and loneliness of the aged. Similarly, lack of extensive psychologically rewarding activities may convert his free time into burden and boredom to be dragged in his remaining years. The aged, having performed a long, continuous and relatively well-defined adult role may find him in the stage of life, which presents only few alternative roles be-fitting his physical, social and psychological make-up. Every aged does not

necessarily confront all or most of these problems and situations. The nature and extends of his social adjustment may vary according to his own personality make-up; his life experiences as an adult and the immediate family and community environment that surrounds him.

It may be observed that the process of ageing is not uniform for all persons and among all groups alike. Changes in the life of the aged are necessitated not only by their physical and mental capacities, but also by the social and cultural practices. It is, therefore important for the social scientists to study social economic and psychological aspects of aging and various adjustment patterns of the different sections of the aged population in a society.

The term of '*ageing*' has three different, but inter-related, connotations, namely, biological and physiological ageing, social ageing, and psychological ageing.

Biological and Physiological Ageing: -

The process of life consists of physical and mental changes characterized by growth and decline. In the early years of life, growth predominates and in the later years decline predominates, though both these processes also known as embryonic life and continue till death. Ageing generally comprises those changes that take place in the later part

of life when physical and mental decline becomes more apparent both to the concerned individuals and to the society. Dublin regards aging as "the physical and mental changes that take place in years past the prime of life." Carlson and Stieglitz mention eight possessive changes of a physiological nature, which accompany aging. The changes noted below are not due to any specific disease.

1. Gradual tissues desiccation;
2. Gradual retardation of the rate of tissue oxidation (lowering of the speed living, or in technical terms, the metabolic rate.);
3. Gradual retardation of cell division, capacity for cells growth and tissues repair;
4. Cellular atrophy, degeneration, increased cell pigmentation and filthy infiltrations;
5. Gradual decrease in tissues elasticity and degenerative changes in the elastic connective tissues of the body;
6. Decreased speed, strength and endurance of neuromuscular reactions;
7. Progressive degeneration and atrophy of the nervous system, impairment of vision, hearing attention, memory and mental endurance, and

8. Gradual impairment of the mechanisms, which maintain fairly constant internal environments for the cells and tissues (a process known as homeostasis). It is evident that sufficient weakening of any one of the numerous links in the complex process of homeostasis produces deterioration.

Such physiological changes do not necessarily occur simultaneously in the ageing person or at same rate and aged among different individuals. In fact, some of the changes may not show any apparent effects in certain individuals even at very late stages. While in some others they may occur too early.

Decline in the physical and mental capacities during the early years of old age is generally slow and the individuals very often compensate less by past knowledge and reserves. Such a period of old age is knows as 'senescence'.When a more or loss complete physical breakdown takes place and there is mental disorganizations, the period is known as 'senility'. The aged is no linger able to draw form his reserves to meet his present needs and thus exposes himself to social and psychological limitation affecting his individuals and social adjustment.

Ageing is a phase of life and a biological process. Every organism that is born must age with time and decay. It has been described as the process

of diminishing capacity to react to environmental conditions and weaving out of the body's basic mechanisms to withstand stress.

In our society, old age is often regarded as a time when the vessel of life has become empty and a time when human development and human potentiality has come to an irreversible and inevitable halt. Ageing is a process which takes place during the entire life span of an organism. Though old age in man is often associated with disease, however, ageing can never be regarded as synonymous with disease, loneliness and uselessness. The truth about ageing is that it is a natural and universal process. It is not at all a crisis that hits us suddenly and abruptly in middle age, but it is a continuous unfolding cycle of change that begins to operate even before our birth.

In ancient times, old people were considered as the guiding stars in Indian families since they were the symbol of tradition, respect, wisdom and experience. In the society where the continuation of family and community norms are transferred from generation to generation by reigning elders, the position held by these persons is one of high esteem and respect. Examples of such social structure are apparent in the Indian rural joint family system, where the younger generation traditionally

gathers around the older persons for advice and sanction. Both age and experiences were respected in India.

The physiological aspect of ageing may remain much the same in various countries, but the methods of contending with the economic and social aspect of ageing vary widely. In Indian society where the joint family system still prevails, the aged continue to enjoy respect and power. The obligation of the family to look after the aged and to honour and respect them still continues. However, the overall situation in developing countries is still somewhat different from that in the developed countries where urbanization took place many years ago. In many of the developing countries, there are till living customs which incorporate the elderly into community life, equate wisdom with age and consider the elderly to be the natural statesman of the community.

But this scenario is changing very fast. The developing countries are undergoing a rapid change as population is moving into urban centers and the life is moving at a fast pace. In such situations, the authority of the elderly has declined. However, recent developments have given rise to some stresses and strains, which have made the position of the elderly more problematic. These are (1) technological developments which have reduced the dependence of the younger generation on the experience of

the aged; (2) the migration of the younger generation tends to increase the sense of alienation and loneliness among the aged; (3) the high cost as well as lack of accommodation tend to work as constraints in keeping the aged with their migrant siblings; (4) the increasing employment of women leads to reduced attention towards aged members and increased demand for setting up to nuclear family; (5) Gradual breakdown of the joint family following separation or migration of earning members and fragmentation of land holdings, and (6) additional economic responsibilities on elderly for educating sons and marrying daughters.

The philosophies of work centred, technology oriented society and changes in the socio-economic status have made ageing to be feared and dreaded and the aged are viewed as rigid and non-productive. The tradition of our culture from rural to urban way of life. The reduction in living space per unit, the resulting shift from a three-generation to a two-generation family system and the increase in the standard of living and care make the fulfillment of these traditional obligations increasingly difficult. The urban family is undergoing changes in its traditional status and roles, due to largely the impact of migration, changes in occupation, high level of education and urbanization and breaking of joint family. Families have led to increase in the problem of old age like personal,

social, economic family and psychological problems. A host of problems confront an individual at the time of income reorganization of life activities, social isolation and changing definition of self (Cox, 1984).

However, it is very significant to note that aging brings more miseries for women than for men. It is a direct consequence of the patriarchal character of the society. As a general practice, women and aged are given inferior diets and dresses. Male – domination adds to the miseries of the women resulting in premature aging. Just as wages for women are lower in active working life, the income of elderly working women is considerably less than that of elderly men. Thus, the position of women is doubly serious both in the economic and home front.

Retirement makes these increasing numbers of aged not only economically dependent but also create physiological and personality changes in them and also affect their social roles and status. They are poor and need support even for meeting their basic necessities. They develop feelings of inferiority and worthlessness. They feel unwanted in their families and unwelcomed outside, unable to easily adjust to these changes and become unhappy, irritable and depressed. Putez (1984) pointed out the retirement from the occupation sphere leads to problems such as economic dependency, lack of recreation, reduced participation in

social activities and resistant to new ideas and changes in their routine. Where one grows old, a certain amount of time is spent in just sitting and looking. The aged parents become dependent upon their children for the finance, which leads to financial stress.

India is graying rapidly for centuries, there used to be a very short life expectancy, high death and birth rate. Now improved living condition, deliberate efforts on limiting family size, falling death rate, prevention of epidemic diseases, the improvement of public heath facilities and better food have increased the longevity of life and therefore, number of people in senility groups have multiplied rapidly. In India, with the development of medical science, better therapeutic agents and better nutrition, the morbidity and mortality rate has decreased and life expectancy has increased. In 1971, 33 million people were above 60. Today, there are 55 million people above 60. and by 2000 AD, there will be 76 million (Jain *et al*, 1991)

Many factors are responsible for India's graying crisis like breakage of joint family system, the increased generation gap and rapid urbanization has created money and space crunch that has changed the one's respectful attitude towards the old.

Ageing is a universal fact and no society can escape it. It is usually associated with fatigue and a decline in functional capacity of body organs because of physiological transformation. The vast majority of aged is unable or not allowed to work. The traditional norms and values of Indian society laid stress on respect and care for the aged. The aged members of the family were normally take care of in the family itself but the attitude of youngsters presently is more individualistic and the unquestioned, regard for authority and respect to oldr is much less in evidence. They treat old people as sick, isolated, feeble, and senile individuals exhibiting characteristics like dismay, shock bitterness, helplessness, resentment, shame, memory lapses, confusion, frustration, indignity, stubbornness, rigidity, dependence and weakness. So the flight of the ageing population is one issue that deserves priority in treatment by social physicians.

Fixing of age of retirement chronologically is both unjust and unscientific. There is need to evolved some score on the basis of physical and mental capacities for the age for his retirement. Appropriate measures should be devised by the government to ensure that the able and healthy among the old can get suitable work for as long as they can perform it. Old people in order to be physically and mentally healthy

need to be active and activity is best, if it is definite vocation or an interest pursued seriously.

The problem of ageing population is becoming serious not only in the developed countries but also in developing countries. In near future it is going to be a major issue in our country requiring government's timely attention. The family that does not provide full protection and security to the aged, the society has to share the responsibilities of looking after them. Now days, old age homes are established to take care of the old. This idea of 'institutionalization' of the aged has been largely borrowed from the western countries. Thus, aging has become a complete and challenging proportion of the individual to face it personally.

In the context of the dynamic change taking place in the Indian society, the problems of the aged have assumed grave importance. There is a gap between the needs of old people and the availability of health and social services. A number of emotional problems of the elderly can be eliminated by simply educating them on the problem and needed adjustment in old age. If all the caring resources for the old can be seen as interlinked circle of provision, each individual can be fully assessed and placed according to his individual need.

The growing age is handly of any consequence for the alienation and other problems of the aged; rather poor health, economic dependence and non-working status tend to create among the aged feeling of meaninglessness and powerlessness. The loss of job, spouse, friends, status, income and health has considerable affects on their mental health. The changes in psychological make-up of older bring them into conflict with the society.

All these facts lead to a conclusion that ageing is a normal process of an individual's life span .We not merely can equip us to face it when it comes but can also enjoy the opportunities and challenges it poses. The present study may help the government, non- government and other engaged in this business to tackle problems of all kind and make the ageing more charming, a choice and healthy routine. A lot of research works on the problems of old people had been done mainly in developed countries, however there is paucity of information in the Indian context in particular on the types of old age problems, causes of problems and extent of impact of welfare schemes both in urban and rural parts.

In the present study an effort has been made to unearthen certain aspects related to old age with following objectives:

1) Profile of old age people

2) To find out various problems/difficulties in old age.

3) To determine the prevalence of problems/difficulties of old age.

4) To study various welfare schemes provided by the Government and Non- Government agencies.

5) To analyse the impact of welfare schemes for older people.

Chapter-2

Review of Literature

REVIEW OF THE LITERATURE

Old age has been viewed, as problematic period of one's life and this is correct to some extent. The age becomes increasingly dependent on others. As man grows his reduced activities, income and consequent decline in the position in the family and society make his life more vulnerable. Thus, the problems associated with aging are numerous. Broadly speaking the main problems in the aged in our country are related to health, home, financial, emotional, marital problems etc. All the problems are so closely interrelated in old age that we can not establish priorities and make comparative decision as of relative importance of various difficulties which be set by the elderly. So the various studies have been done in our country and also in abroad, which have been described in this chapter.

William (1986) investigated the relationship between illness and depression. It was observed that the increased levels of income; social support, subjective health and internal locus of control for health and eye expectancy were associated with decreased levels of depression. Conversely, increased levels of pain, physical dependency, progressiveness of the disease death, anxiety, external locus of control for

health and worry about medical resources were associated with increased level of depression.

Sinha (1986) studied the loneliness in the old men, and has emphasized the fear of death due to psychological deterioration. The psychological implications have been discussed due to changes in social status associated with old age, compulsory retirement, loss of status, occupation, income, socio-economic, and family status consequent to the weakening of joint family ties.

Desai (1986) in a study of retired persons conducted in Bombay discovered that only about 11 per cent of the elderly were staying either alone or with their elderly spouses only. The remaining elderly were staying with their children or relatives who were young. Another study carried out in Chandigarh showed that this proportion increased to 28 per cent and in a third study conducted in Batala, this proportion increased to 50per cent. The result concluded that the aged lived alone or with their spouse.

Another study carried out in village Jawan, District Aligarh (UP) by Kumar (1986) to find out morbidity pattern in aged population in relation to various socio-economic variables like age, sex, social class and occupation etc. The findings of the study highlighted the facts that

the diseases in old age have a high prevalence rate, usually chronic in nature and multiple in number. The commondiseses found in old age people were cataract, bronchitis arthritis and anaemia.

Essex and Nam (1987) conducted a study to evaluate the marital status differences in the frequency and sources of loneliness among older women. The married women and the unmarried women feel lonely least frequently, while the formerly married women feel lonely most frequently if they did not see their closest family members very often and especially if they felt emotionally stressed by the inequity of their relationship with either their closest family members or family friend.

Singh et al. (1987) made an effort to study the economic problems of aged women. It was observed that 25 per cent respondents had economic problems followed by these 25 per cent, 13 per cent respondents were in extremely poor economic condition. As a result they did not receive adequate quality and quantity of food items, clothing and medical care.

Mahajan (1987) fro his study concluded that the economic needs were the most chronical in the care of poor aged people. Due to their poor health and lack of economic resources these persons had to withdrawn from the labour force and faced consequences being of low

and irregular income during their young age, they were unable to accumulate finances for their old age.

Gupta (1988) concluded that the aged are neglected a lot and leading a woeful life in urban areas. They have virtually been isolated while this process has also been started in the rural areas. This trend is mainly due to increasing living cost, widening of generation gap, erosion in moral values and the desire of younger generation to live an independent life. In a majority of cases covered by the survey of the study the elders lacked basic needs, including money, proper food, medical care and recreation. They are regarded as a burden on the society. The aged parents are forced to do odd jobs despite their poor health and are maltreated one pretext or the other by their children.

Dey (1989) conducted a study on physical, economic, social and psychological problems of old people Samastipur district of Bihar and observed that general health of rural aged was weak as compared to urban aged. Prevelence of physical ailments such as reduced eye sight, loss of hearing, caugh, joint pains and asthma were higher among the rural than the urban aged. A large number of son and daughter in laws were taking care of rural and urban aged during illness.

Vijaya Kumar and Surya Naryan (1989) reported that as the age advances, the earning capacity decreases and hence, care taker become care seeker. The economic dependent life aged and the younger generations, which ultimately give, rise to conflicts, disrupting the peace and solace of the family.

Singh and Dawra (1989) made a study on the adjustment problem of old and gave their findings regarding the adjustment problems of old age in 1989. The sample constituted 50 old people and 50 younger adults taken from Delhi. All the subjects were administered the Bell Adjustment Inventory. From the results it was inferred that older people had significantly more adjustment problems in the emotional, social, health and home areas than young people. It was also found that among old individuals, the non working subjects had more adjustment problems in the home area than the working subjects. As a whole the findings indicated that engagement in some purposeful and productive tasks contributed significantly to old age adjustment.

Raghani and Singhni (1989) made a study on the retirement as a problem and discussed the role of sociologists in the field of gerontology. Workers have described the problems after retirement as multifarious: greater economic, deprivation disturbed routine, utilization of time

through economically none rewarding activities loss of social status and prestige in general and particularly in family. They also suggesed that in old age due to role loss the old people should be socialized for their physical and social activities. For this researcher argues that socialization of old people will differ from the West as in Indian setting old people differ in their rural, urban, occupational, educational, and culture backgrounds. The social scientists should take up the social domain for filling the gap due to role loss.

Thakur (1990) conducted a study on care of old aged and reported that the resources of the aged for meeting their economic needs of food, shelter and clothing were negligible, having consumed in the bringing up of their children. They become socially cut off increasingly due to their restricted movements on account of physical disabilities. Accordingly lack of care and attention by their own sons and daughters make them feel hurt. Most aged silently pray for an early end of their lives.

A study carried out by Behera (1991) on the problems and treatment of the aged among the plain Bhuiyans of Orissa and stated that the aged respondents experience some socio psychological problems. One of the problems was their decreasing influence on the family members. About 50 percent of the respondents confessed that they were

how less influenced compared to their young age. A majority of them played only a marginal role in the decision making, grand children's education, the social life of the daughter-in-law and her employment the aged respondents were minimally involved. Among aged respondents, ill health was the principal thing disliked followed by loneliness.

Kabir (1992) conducted a survey to determine the social, economic and health consequences of the growing elderly population. From the results of study he concluded that 57.2per cent of respondents were suffering from different type of diseases. The other major problems expressed by elderly respondents were 47 per cent financial followed by 18.2 per cent physical, 13.8 per cent mental, 4.8 per cent social and 12.9 per cent unspecified. Only about 30.5 per cent of respondents were receiving financial support from their own sons.

Christopher (1992) studied the health conditions of the aged. It was revealed by the study that sickness was common among the aged. They used government hospitals or just ignored the disease and lined with it, as they could not afford to go for treatment even to the government hospitals. Some of the respondents required regular medical help as they were suffering from asthma, diabetes and eye problems. He also observed

that loneliness and fear of death were some of the aspects, which have psychological effects on elders.

Another study conducted by Jay Kumar (1992) on health of elderly revealed that the elderly, especially those over 75 make heavier demands on health and social services and with advancing age, physical deterioration and a decrease in vitality, they exhibit greater vulnerability towards diseases. Some of the common diseases reported were high blood pressure, cataract, hearing defects, respiratory diseases such as chronic bronchitis and asthma. He further reported that the aged face various other problems like loss of work, reduced income, isolation, lack of occupation, age, associated disability and deteriorating mental functions often leads to psychological problems. The migration of children in search of employment keeps the aged without protection and supervision.

Marulsiddaiah (1992) in one study analysed the declining authority of old people in a small village Makunti of Mysore. The details of the study include the status of the older people within their families, among kinsmen and caste people. The sample comprises of 154 persons (81 males and 73 females) above 54 years of age. He argues, that, contrary to the popular belief, the older person in India is found to be faced with

severe health problems, economic adjustment and progressive relegation to an insignificant place in society. The results of the study further showed that 21% males and 76.7% females were widowed, the traditional position of the old is declining in exercising authority, the kinship system is giving way to nuclear families and individualism, the elderly prefer to live alone as they have enough property support. The respondents of 70 years and above in age are ignored by the younger generation, although they still perform some functions regarding the grand children, such as ceremonial driving away of evil spirit from children. The study also indicates that the younger generation is replacing the elderly in the village administration.

In one study Dev (1993) studied the changing aspect of the family and found that psychological violence was a fairly new phenomenon. When the visitors come, the old were showed into a room at the back as it as age had become an embarrassment an ugly eyesore to the younger. The aged were shown respect on rural occasions, but in every day life were ignored or abused.

Mishra (1993) reported in her study "Golden years with cheers" that majority (49.13%) of the respondents were having high level of

interaction with their friends and neighbours. They were meeting quite often through mutual visit or planned visits to common places.

Oberoi and Dey (1993) reported in their study on physical, economic and psychological problems of old people in Bihar that urban aged were physically beter off, had less number of diseases and were not fully dependent for their financial needs. They being the members of some organization and were not feeling socially rejected, however psychological problems of urban aged were not less than rural aged. The respondents had ranked the retirement problems as first financial, second health, third family and social, and the least importance was attached to utilization of leisure time. The respondents had ambitions of financial assistance from government in the form of increased pension or free medical aid or free education for their children, etc.

A study on problems of old age in Indian society: A sociological perspective was carried by Oberoi (1995). A structured interview schedule supplemented by observations and case study data were used to examine the problems of old age in Indian society. Findings of the study revealed that the factors of age 60, lack of earning status, physical inactivity and complete dependency were determinants for the conception of old age. Gereration gap, disrespect of the younger generation, lack of

care from immediated kin and others were the familiar problems faced by the old. The way of life of the old was found to be miserable both socially and economically.

As per the study of Gupta (1988) aged are neglected a lot and leading a woeful life. This trend is mainly because of growing cost of living, widening of generation gap, erosion in moral values and the desire of younger generation to live an independent life.

Kearney et al. (1990) observed that high socio- economic groups had highest life satisfaction scores as their participation in community organization was very high.

Majumdar (1985) conducted a survey on the elderly in New Delhi and found that after retirement there is feeling among the aged that everyone's attitude towards them has changed. The old people felt lonely and perceive a void in their life. Almost all had financial problems they perceived a loss of status accompanied by a sense of alienation and hopelessness.

Menachery (1986) emphasized in his study on the adjustment and socio-economic status among urban retired. He observed that socio-economic status individual was an influencing factor in post retirement adjustment. Those who were higher in socio-economic status found to be

better in adjustment than their counterparts who were in lower SES Among different areas of adjustment; family adjustment was better than the rest. Social adjustment was worst that was an indicative of retired persons gradually withdrawn from the social life.

A study conducted by Gaugrade (1988) on 190 individuals in a sociological survey on interaction between old and young. Results revealed that 98 per cent of the youth obligated towards their parents in providing financial support. However, 89 per cent of them preferred "Nuclear families" this conflicting presence stated has given rise to "quasi joint" families where in the aged are given financial help and social responsibilities by absent children. Findings of the study concluded that family emotional support to the aged exists in the form of financial and social help.

Dipti J. Oza in her study made an attempt to study the adjustment problems among different levels of old age, sex and socio-economic status. The age groups were early old age (55to 65 years) and advanced old aged (65 years and above). The socio-economic status was lower, middle and highest SES and sex, male and female. The sample consisted of 120 people equally distributed in age, sex and SES and randomly selected from retired, Hindu, Gujarati families of Baroda city. It was

observed that advanced old aged have more problems than early old age group, females have more problems than males and lowest socio-economic status have maximum problems, while the highest level of SES have minimum number of adjustment problems.

Nandal *et al.* (1988) conducted a survey on aging problems in the structural context and reported that majority of the respondents were satisfied with present pattern of life. The satisfaction rate was higher among those of life. The satisfaction rate was higher among those whose economic status was higher and the reason for dissatisfaction was that they were denied of human existence by their children / relatives and they were hurt emotionally.

Kaur *et al* (1989) studied the socio-economic profile of rural aged in Kurukshetra district of Haryana state and pointed out that the feeling of economic dependence was associated with the economic stability of aged. Those who were economically independent or have separate source of income in old age were not considering themselves as burden on family however, 60 per cent of the selected respondent did not have any separate or independent source of income, so they were feeling as burden on the family.

Lakshminarayan and Easwaramoorthy (1980) studied 80 elderly individuals (40were scheduled castes and 40 were from socially dominant castes). The results of their study indicated that elders from socially dominant group are better adjusted than the elders from scheduled castes.

Simon (1990) reported positive correlation for humor and perceived health and morale in aged. The demographic variable of living arrangements correlated significantly with life-satisfaction. Significant predictors of morale were coping of humour followed by SES.

Coke (1992) from hid study on activity and affect among the aged, concluded that family were significant predictors of life satisfaction. Females tended to manifest greater life satisfaction than males. Other facts found to be related significantly were self-perceived adequacy of income, actual household income, educational level and self rated religiosity.

In one study on self-rating of health among the old Foster (1992) found that there is positive and significant relationship between perceived current health, health promoting behavours, socio-economic status, age and life satisfaction.

From the numerous studies mentionedso far it can be concluded that socio-economic status had little or minimal effect on social treatment of the aged. Yet few researchers said that among urban retired individual SES influence is clearly seen in their adjustment pattern as family and emotional support to the aged exists in the form of financial and social help.

It was observed that advanced old age have more problems than early old age group, females have more problems than males and lowest socio-economic status have maximum problems, and while highest level of SES have minimum number of adjustment problems. Feeling of economic dependence was associated with economic stability of aged. Elders from socially dominant group are better adjusted than elders from schedule castes (Lakshminarayana and Easwarmoorthy, 1980).

Creecy *et al* (1982) in their study on loneliness among the elderly examined the relationship of selected demographic activity, socio-psychological variables and feelings of loneliness among 479 elderlies. Activity and socio-psychological variables had a significant relationship with feelings of loneliness.

Riddict (1985) found that leisure activity emerged as an important predictor of life satisfaction for homemakers. Similar observations were

made in a survey conducted by Russell (1987). He concluded from his findings that recreational activities showed significant and positive relationship with life satisfaction.

For assessing the participation of aged in decision making Nandal (1988), conducted a study on 42 old people of above 60 years of age drawn from 5 villages by interview method. The results of the study revealed that loss in decision making process is one of the major socio-psychological problems. However, the losses of aged involvement in dicision making process is not too as majority of them (76.2%) are being consulted on crucial family matters. Nearly 42.9 per of the elderly people are main decision maker in the family.

With a broader objective to elucidate participation in decision-making process of the aged males living in rural and urban communities, Mishra (1989) conducted one study. Study revealed that only 7.69 per cent of the urban and 8.69 per cent of the rural aged never participated in any kind of decision making related the household. The strongest reason put forward by the aged for not participating in decision making process at all was "children are well grown" but a critical perusal of the reasons indicates that the main reason for not involving the aged in urban community was "no contribution in home in any way" whereas in rural

community, the reason for non-participating were "no property" (100%) "no money" (70%) and frequent illness (65%).

Kelly (1989) conducted a mailed survey on leisure activity of 380 aged. The questionnaire included the leisure activity inventory, leisure meaning scale, life satisfaction inventory and life investment inventory. The findings of study suggested that the kind of activity that make an independent contribution to later life differed for one adult's life period to another and served as a context for the expression of leisure based identities. Older subjects were less likely to find their personal identities in leisure than younger subjects.

In a study Hersch (1990) investigated whether there is a correlation between leisure performance of older adults and their life satisfaction. The most frequently mentioned leisure activities were participation in formal groups, reading, visiting relatives and friends, watching sports, participation in sports volunteer work and library visits, leisure time was varied yet patterned so as that the subject planned his/ her life to provide satisfaction from these activities.

Hudson *et al* (1990) evaluated a background on homelessness that is relevant to gerontologial education and training. The variety of homeless groups (e.g. the poor, the chronic mentally ill) disturbed along with issues

concerning the homeless elderly population. These issues include the extent of the problem, definitions of the homeless elderly, and risk factors for this population. The homeless elderly reflect a multiplicity of service need that needs to be addressed in a variety of services settings by all level of services providers. This situation demands that those concerned with gerontolocial and geriatric education and training be informed about the problems of homelessness and the homeless elderly.

The major characteristic of an aging society is the increased survival of people to ages that often entail greater levels of illness, disability and need for social support, simultaneously (Stahl et al, 1990). However improved standard of living coupled with advancements in medical technology enhances much of the population's opportunities for living legacy of longevity, with its healthy related benefits and disadvantage.

Study conducted by Mishra (1992) on old age people aged 60-plus years concluded that there was a significant positive association of life satisfaction with the involvement in activities connected with the occupation, hobbies and interaction with friends and members of voluntary organizations. Engagement in religious and household

activities and interaction with family members, neighbours and relatives had no such impact on subject's happiness.

The results of an important study conducted in metropolitan areas in United States focuses on public perceptions of leisure opportunities and assessments of quality of life (QOL). The results showed that leisure values are significant and positively related to perception of QOL in the area.

A comparative study entitled, "Leisure time activities among the aged" was attempted by Anonymous (1994) to explore how the retired persons spend their leisure time, which they have, in abundance. Based on a sample size of 120 aged persons from a locality of urban Delhi and consisting of 60 males and 60 females. In the study an attempt was made to analyse and compare the leisure time pursuits of the aged with civilian backgrounds and those who have retired from armed forces. The data on 23 leisure activities categorized into cultural, physical social and solitary activities are being paused by the aged. The findings of study showed that after retirement, a large majority of the aged are reportedly involved in solitary or family based activities. The differential occupational background and sex differences are also found to influence the types of various leisure time pursuits of the aged in the studied population.

From the findings of varios studies conclusion can be drawn that aged from different backgrounds have different activities which have emerged as an important predictor of life satisfaction for homemakers. Older subjects were less likely to find their personal identities leisure than younger subjects (Kelly 1989). Engagement in religious and household activities and interaction with family members, neighbours and relative had no such impact on subject's happiness. Elder people find more enjoyment in self devoted activities than in forced activities. While, companionship in shared leisure activity appears to provide effective relief for people as they deal with excess of daily life stress. Inversely loss in decision making process is one of the major socio-psychological problems and the main reason for not involving the aged in urban community was "no contribution in home in anyway" where as in rural community the reason for non-participating were "no property" (100%), no money (90%) and frequent illness (65%).

Van *et al,* (1995) in one study on "aging and quality of care" examined whether there is a difference in deterioration between older persons of different ages and between persons who lives in groups with different quality of care. The functioning of 40 elderly persons (aged 50-90 yrs) with mental retardation was followed over 5 yrs period. Data

indicated acceleration in the increase of problems as the persons with mental retardation grows older. These problems include seeing, hearing, locomotion physical and mental health impairements, continence problems (e.g. depression and dementia) However, in spite of advanced age and the associated old age problems, the adaptive behavior of older persons does not decrease provided quality and care is good.

Hueppe and Janke (1998) study the emotional reactivity in the elderly. Emotional reactive is the individual responsiveness to external or internal stimuli which produce emotional reactions and is important to understand adoptively to environmental demands. The methodological approach used for the measurement of emotional reactivity followed include specification of emotionally evoking condition and the assessment of defined reaction under these conditions ("Measurements of Reactivity") to characterize emotional reactivity indicators (Subjective mood, ratings of expression). Only by using this methodological approach can important basic question concerning emotional reactivity be answered. This article discusses these questions and gives an overview to the state research to illustrate useful methods to evoke emotions and reports on sensitivity and validity of indicators of emotions in the elderly.

Liebig (1999) evaluated home modifications and other environmental characteristics of residences for the elderly in India. Forty eight homes housing elderly individuals (Aged 60-105 yrs) in 6 Indian states and 2 union territories were visited over 4 month period in 1997-1998. The results of study showed that the concept of assisted living is in its early development stages only 25% of facilities visited had special seating in bathing area. Few residents used wheelchairs. Although many home modifications were inelegant or primitive by western standards, they provided needed environmental support for residents. In keeping with Indian traditions of village level concern for common well being, residents were expected not only to maintain themselves commensurate with their physical capacity, but also to provide help to each other.

Holland (2000) discussed biological, psychological and social issues relevant to how aging might particularly effect people with learning disabilities .The review considers the extent to which there are similarities and differences relative to people without learning disabilities, the literature reveals that there is a convergence, in late life, between people with a learning disability and those without, owing to the reduced life expectancy of people with more severe disabilities. People with Down's syndrome, have particular risks of old age related problems

relatively early in life. The improved life expectancy of people with learning disabilities is well established. There is a lack of concerted response to ensure that the best possible health and social care provided for people with learning disabilities in later life.

Lazaw *et al* (2001) reported that there is considerable awareness and knowledge on the part of the health and human service community on the problems of the misuse and abuse of alcohol and other drugs in the general population, this unfortunately often does not extend to older adults those who are 60- plusyrs old. Problems with alcohol and other drugs in older person is in itself not a sudden crises or new problem effecting a specific demographic group, when the problem is not recognized and appropriately deal with the repercussions pose greater risks for the individuals with the problems as well as for the larger community. This is particularly true in regard to older adults, where natural physical changes and increased age related health risks could only be exacerbated by the misuse and abuse of substances.

Giron *et al*, (2002) evaluated the prevalence of sleep problems in 641 very old person aged between 81-100yrs old and its relation to physical and mental health and drug use. Sleep problems were assessed using the clinical psychopathological rating scale. Covariates included

chronic medical condition, depression, dementia, pain, self rated health, activities of daily living, use of hypnotic sedatives, use of other psychotropic drugs, and use of no psychotropic drugs. More than one third of samples were identified with sleep problems. Poor self-rated health depression and pain were related health depression and pain were related to the presence of sleep problems Among person with sleep problems and depression, only 19.2% used antidepressants, and 46.2% used hypnotics sedatives .Among persons with sleep problems and pain, 63.2% used analgesics, and 47.0% used hypnotics sedatives. One or more chronic diseases, use of hypnotic sedatives, use of other psychotropic drugs also related to sleep problems. Factors significantly related to sleep problems were female gender, depression, pain and hypnotic sedative use.

Based on the above mentioned review it can be summarized that social, financial and emotional problems do worry to old but they are most pained by their health problems without any socio-economic status distinctions. In discrete terms, causes of these problems are numerous. Disruption and division of the joint family system had made an unbearable void in the life of the aged (Parathasarthy 1975). It was eye opening to note that women were found to be greater victims of diseases

as compared to men in their old age. On the other hand, male participated more actively in the social life of villages. It was found that general health of the old women was not satisfactory and their problems were rather more acute than men. Loneliness was found to be linked with widowhood, residential separation from family member and poor health status of respondents. In terms of health, elderly suffer from ineffective and parasitic disease, diseases of respiratory system, arthritis, rheumatism, hypertension, heart failure, diabetes, blood pressure, etc. Dey (1989) concluded that rate of physical ailments such as reduced eyesight, loss of hearing, cough, joint pains, and asthma. Christopher (1992) suggested that some of the common disease reported were high blood pressure, catarct, hearing defects, respiratory diseases such as chronic bronchitis and aesthmna. On the part of problems with children, Nayar (1987) summerised that industrialization, moderanisation and urbaisation affected elder's health the most.

MATERIALS AND METHODS

Technical programme of work-

Research methodology is the backbone of a research problem. Detailed account of methodology procedure in the present investigation has been distinctly covered in this chapter under the following sub heads:

3.1 Locale of the study

3.2 Sampling procedure

3.3 Variables, their operational definitions and measurements

3.4 Tools used for data collection

3.5 Date collection

3.6 Statistical analysis

3.1 Locale of the study

Delhi City, Capital of India was considered for conducting the present study due to easy accessibility and also this city due to National Capital, it has a number of old age homes located in different parts.

3.2- Sampling Procedure

3.2.1- Selection of respondents

As per requirement of the study, a purposive list of old age people above 60 years of age was prepared from different old age homes of Delhi. From the list, 250 respondents were randomly selected from various old age homes namely Ozana Home Rosery School, Nirmal Hirdyay and Saint Mary Home Victoria School. The location of these old age homes in Delhi has been depicted in Fig.3.1. Further the number of respondents selected from each old age home has been systematically presented in Fig.3.2.

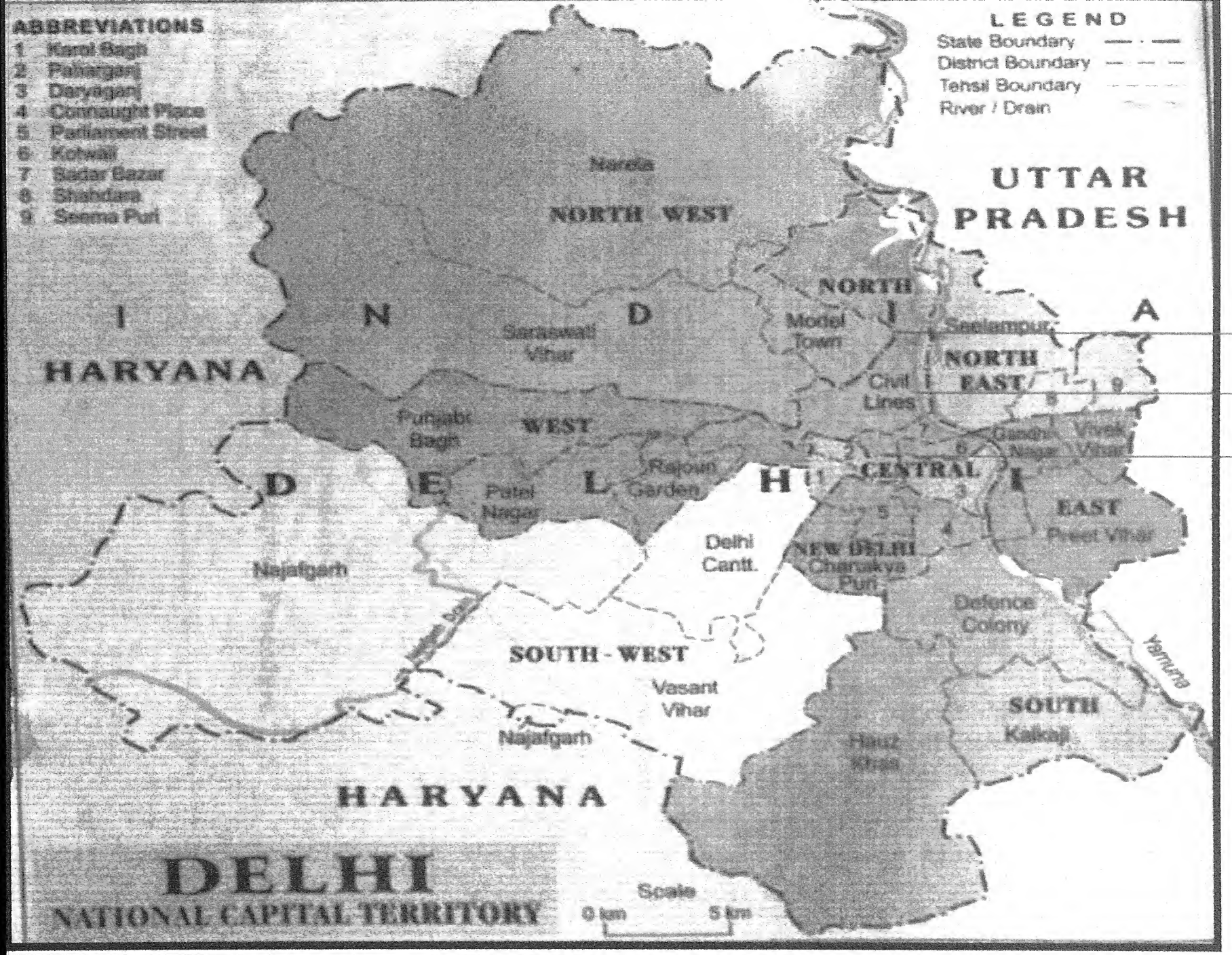
3.3-Variables, their operational definitions and measurements

3.3.1-Selection of variables

For any research undertaken, it is essential to indicate the variables considered along with their operations and measurement procedures. The researcher made through screening of the available documented literature on factors directly or indirectly influencing the problems of old people. Information gathered through past reviews and researcher's own experiences, finally resulted in identification and selection of variables for the present study, the variables have been grouped as dependent and independent.

Chapter-3

Materials and Methods


ABBREVIATIONS
1 Karol Bagh
2 Paharganj
3 Daryaganj
4 Connaught Place
5 Parliament Street
6 Kotwali
7 Sadar Bazar
8 Shahdara
9 Seema Puri
LEGEND
State Boundary
District Boundary
Tehsil Boundary
River / Drain
Narela
NORTH WEST
UTTAR PRADESH
NORTH
Model Town
Seelampur
NORTH EAST
Civil Lines
Saraswati Vihar
HARYANA
Punjabi Bagh
WEST
Rajouri Garden
Patel Nagar
CENTRAL
EAST
Preet Vihar
Delhi Cantt.
NEW DELHI
Chanakya Puri
Najafgarh
Defence Colony
Yamuna
SOUTH - WEST
Vasant Vihar
SOUTH
Kalkaji
Hauz Khas
HARYANA
DELHI
NATIONAL CAPITAL TERRITORY
Scale
0 km
5 km
OZANA HOME
NIRMAL HRIDAY
ST. MARY HOME

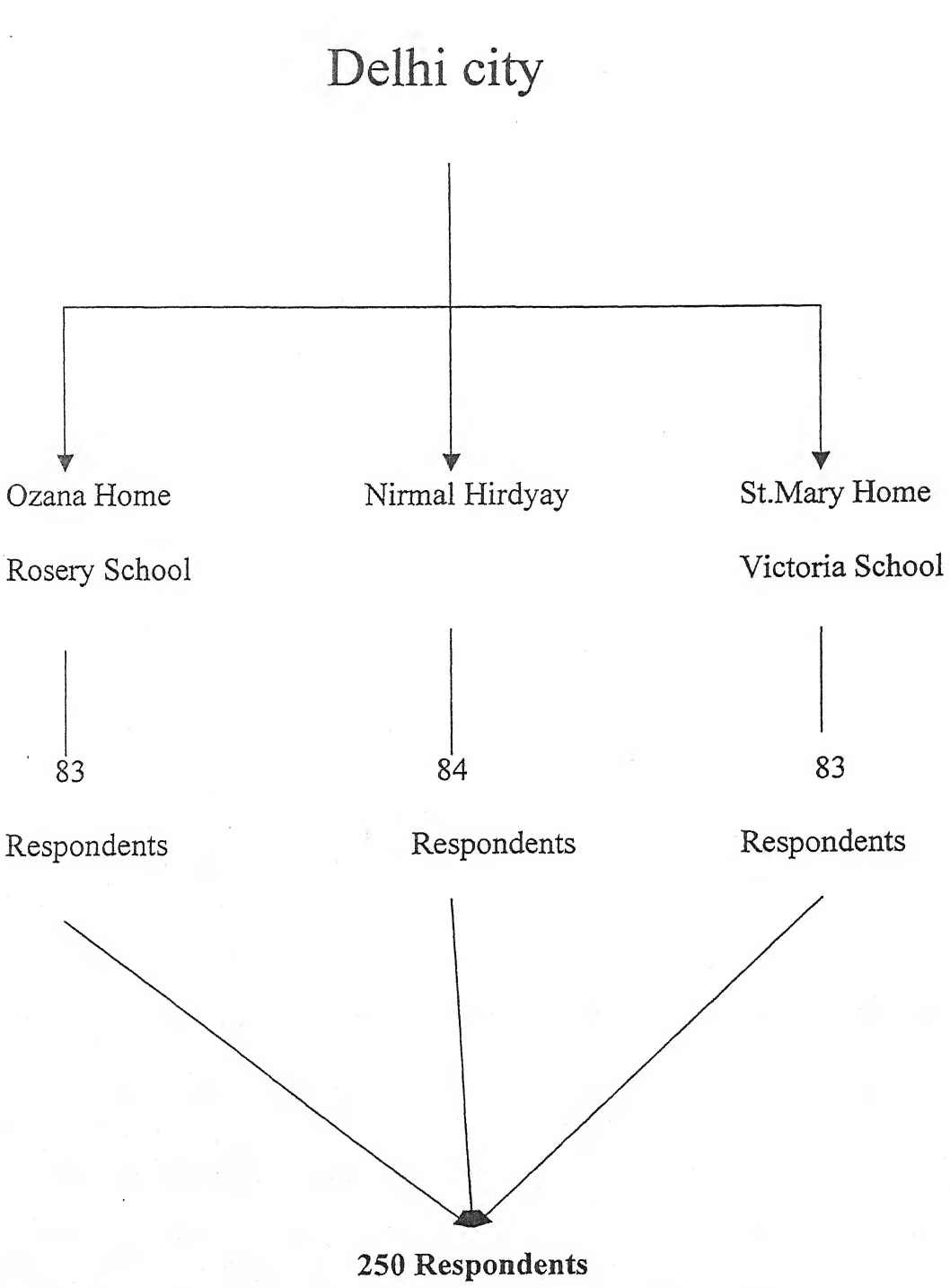


Fig. 3.2 Sampling Procedure

3.3.2. Dependent variable

Problems faced by people with special need (old age) in old age homes were taken as dependent variable for the present study.

Old age problems

Old age has been viewed as problematic period of one's life. The aged become increasingly dependent on other. As man grows, his reduced activities, income and consequent decline in his position in family and society make his life more vulnerable. Each problem is operationally defined and scored one number. Total responses scores of respondents were calculated.

Health problems; Health problems are those problems, which are related to their body, and health.

Economic problem: Economic problems include education marriage of children and indebtness economic insecurity.

Marital problems: includes separation from partner due to death or other reasons, worry about the future of their partner after his or her death etc.

Social problems: includes adjustment, conflict children and society.

Emotional problems: includes psychological problems faced e.g- fear of death and growing age, fearing of loneliness, insecurity and loss of status.

Home problems: includes problems like attitude towards family members, interaction with family member, and responsibility of family, respect and status in the family and activity involvement transport problem includes problems while traveling or transporting.

Old age adjustment problems-

The standardized old age Adjustment Problems Inventory was used for the study. It includes health, home, social, marital, emotional and financial problems of elderly people. Area wise and total responses scores of respondents was calculated by following prescribed procedure given in the standardized test and three equal categories were framed as below:

Problems	**Categories**	**Scores**
Health problems	Mild (0-8)	1
	Moderate (9-17)	2
	Severe (18-26)	3
Home problems	Mild (0-7)	1
	Moderate (8-15)	2
	Severe (16-23)	3
Economic problems	Mild (0-5)	1
	Moderate (8-15)	2

	Severe (12-18)	3
Emotional problems	Mild (0-6)	1
	Moderate (7-13)	2
	Severe (14-20)	3
Prestige problem	Mild (0-6)	1
	Moderate (5-9)	2
	Severe (10-14)	3
Marital problems	Mild (0-14)	1
	Moderate (42-83)	2
	Severe (84-125)	3
Transport problems	Mild (0-5)	1
	Moderate (6-15)	2
	Severe (12-18)	3

3.3.2.2 Independent variables

Independent variables included personal and socio economic status and health status of old people.

Health status of respondents- Health status developed by Punia (1998) was used. Health status was calculated on the basis of frequency and intensity of diseases old person suffer from diabetes asthma, chest pain,

impairment of vision and hearing, blood pressure, arthritis etc. A list of common diseases was prepared and weighted scores were assigned to each disease. On the basis of total number of health problems, old (one) can face minimum and maximum expected scores were calculated and three equal levels were formed as below:

Good (0-5) 1

Moderate (0-11) 2

Poor (12-18) 3

Socio economic status of family-

Sex of respondents: - It refers to whether the respondent is male or female. The scores assigned were as follows:

Male 1

Female 2

Age of respondents:- It refers to the number of full year after birth completed by the respondent at the time of investigation. The scores assigned were:

60-65 year- 1

65-70 year – 2

70-75 year – 3

Above 75 - 4

Marital status: It means whether the respondent is Married, Widow/Widower and Unmarried. The scores allocated were as follow:

Married	1
Widow / Widower	2
Unmarried	3

Education of respondents:- Education refers to the year of formal education attended by the respondent was categorized as follows with weighted scores:

Matric	1
Inter Mediate	2
Graduate	3
Post graduate	4

Caste: It means the class or distinct hierarchical order of respondents in the society. The scores assighned were as follows:

Low	1
Middle	2
High	3

Family Size: Size of family is the total number of members in the family living together and the scores assigned were as follows:

Upto 5 members	1
Above 5 members	2

Means of Income of respondents:- It refers to the personal monthly income reserved by the respondent from all the resources for their livelihood. Scores assigned were:

Rs. 3,000 –6,000	1
Rs. 6,000-9,000	2
Rs. 9,000-11,000	3

Family income: It refers to the total family income per month received by the family through all sources. Scores pattern was as follows:

Rs. 10,000-16,000	1
Rs. 16,001-22,000	2
Rs. 22,000-28,000	3
Above Rs. 28,000	4

Welfare Schemes benefitting old people: The schemes, which are beneficial to old people. Both Government and Non Government agencies run these schemes. Scores pattern was as follows

Death cum Retirement gratuity	1
Pensions and other benefits available to Government employees	2
Family pension to the widow	3
Extraordinary pension	4
Special social security Schemes	5
Old age pension	6
Not Availing	7

3.4 Tools used for Date collection- Various tests were administered for measuring the problem of old age.

3.4.1 Present socio-economic status of old people and various welfare Schemes benefiting old people: - An interview schedule was developed and used to judge the socio-economic status of old people living in old age homes and also with which schemes that are more benefited.

3.4.2. Old age adjustment problems- To judge the adjustment problem of old age, Shamshad–Jasbir old-age Adjustment Inventory (SJOAI), developed by Husain and Kaur (1995) was used. The details of the inventory are enclosed in the annexure. Inventory Measures problems of adjustment faced by older people in areas of home, health, social, marital, emotional and financial. The total items in these areas were 125. The

reliability of the test was 0.83. The item was scored area wise. One score was given to the yes answer of positive statement and zero score was given to the yes of negative statement.

3.5 Data collection- The data were collected with the help of well structure schedule and standardized inventories developed for this purpose. The researcher first introduced self to the respondents of the present study. Then the inventories were handed ever to them and sufficient time was given to the respondents to fill their responses on the schedule

3-6. Statistical Analysis: - The collected data were tabulated and complied systematically. Following appropriate statistical tools were used.

3.6.1. Frequency and percentage: - Frequency and percentages were obtained to know the distribution of dependent and independent variable for the study.

3.6.2. Coefficient of correlation (r)

To study the relationships between different variables, Pearson's coefficient of correlation was used and its value was tested at 5 per cent level of significance respectively. The formula used was as under:

$$r = \frac{N \Sigma xy - (\Sigma x)(\Sigma y)}{\sqrt{[N\Sigma x^2 - (\Sigma x)^2][N\Sigma y^2 - (\Sigma y)^2]}}$$

Where,

x and Y = the variables being correlated

N = number of pairs of variables

Σxy = Sum of products of x and y

Σx = summation of overall cell entries of the first variable

Σy = summation of overall cell entries of second variable

Σx^2 = sum of all squares values of first variable

ΣY^2 = sum of squares values of second variable

Chapter-4

Results

&

Discussion

RESULTS AND DISCUSSION

This chapter deals with the results incurred on different aspects of the study .The findings have been interpreted / discussed in the light of facts and previous findings under the following heads.

4.1 Profile of the respondents

4.1.2 Personal Variable

4.1.3 Socio – Economic Variable

4.2 Frequency distribution of different probems faced by old age people

4.3 Severity of different problems faced by old age people

4.3.1 Level of Health problem faced by old age people

4.3.2 Level of Home problem faced by old age people

4.3.3 Level of Economic problem faced by old age people

4.3.4 Level of Emotional problem faced by old age people

4.3.5 Level of Prestige problem faced by old age people

4.3.6 Level of Marital problem faced by old age people

4.3.7 Level of Transport problem faced by old age people

4.4 Percentage distribution of Health status of old people

4.5 Percentage distribution of different welfare schemes benefitting old people

4.6 Correlation Analysis

4.1 Profile of the respondents

4.1.1 Personal profile of the respondents

This section comprises of the percentage distribution of the respondents according to their pessonal characteristics which have been incorporated in Table-1

Personal Variable

The results on personal variables viz age, sex marital status and level of education have been given in Table –1. Regarding the personal variable of respondent's data revealed that maximum respondents i.e. - 47.2 percent were in the age category of above 75 years followed by 26 percent in the age category of 65 –70 years, 17.2 percent were in the age category 70-75 years and only 9.6 percent were in the age group of 60-65years. Relative distributions of male and female respondents in to different age groups have been depicted in Fig. 4.1.Results further revealed that respondents of both the sexes i.e. male and female were higher in age group above 75 years (52.6 and 38.7 %). Regarding the sex of the respondents 60.8 percent were male and 39.2 percent were famale (Fig.4.2). The marital status of respondents indicated that 39.2 percent respondents were widow / widower followed by 32 percent were

unmarried and 28.8 percent respondents were married. Irrespective of sex the highest numbers of respondents were widow/ widower and lowest belonged to married category (28.8% Fig.4.3). The education of the respondents showed that forty percent were intermadiate followed by 30.8 percent were matric and 29 percent have done graduation. None of the respondent was postgraduate. Comparative education status of male and female respondents has been given in Fig. 4.4.

Social variable

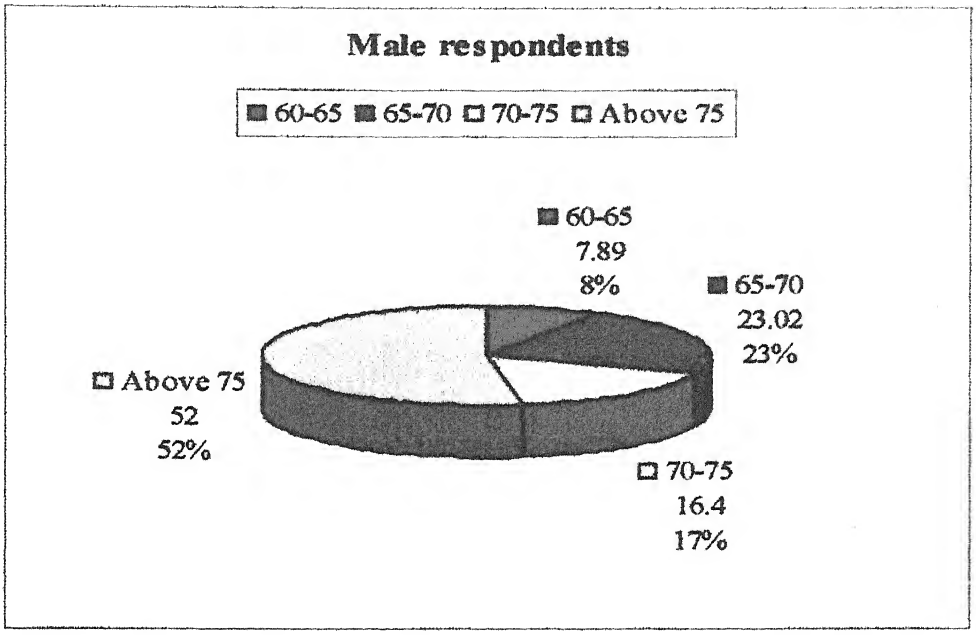
The data on social and economic variables comprising of caste, family size, family type, occupation, means of income and monthly income have been presented in Table –2. Analysis of data regarding social variable revealed that 52 percent respondents belonged to middle caste followed by 36.4 percent were in low caste category and only 11.6 percent respondents were in high caste category. Similarly more than 50% of the male and female respondents belonged to middle class compared to lowest from highercaste (Fig. 4.5). The analysis of family size of respondent indicated that maximum percent of respondents (i.e. 94 %) were in the family of upto 5 members and only 6 percent were

Table–1 Frequency distribution of personal profile of respondents

Variables	Male (n-152)	Famale (n-98)	Total (N=250)
Personal			
Age			
60-65 years	12(7.89)	12(12.24)	24(9.6)
65-70 years	35(23.02)	30(30.6)	65(26)
70-75 years	25(16.4)	18(18.36)	43(17.2)
Above 75 years	80(52.6)	38(38.7)	118(47.2)
Sex			
Male	152(152)	0(0.0)	152(60.8)
Female	0(0.0)	98(98)	98(39.2)
Marital status			
Married	45 (29.60)	27 (27.55)	72 (28.8)
Widow/ widower	42 (27.63)	56 (57.14)	98 (39.2)
Unmarried	65 (42.76)	15 (15.30)	80 (32.0)
Education			
Matriculation	48 (31.5)	29 (29.59)	77 (30.8)
Intermediate	58 (38.15)	42 (42.85)	100 (40)
Graduation	46 (30.26)	27 (27.55)	73 (29.2)
Post graduation	0 (0.00)	0 (0.00)	0 (0)

Figures in paranthesis indicate percentages

Fig 4.1: Age of respondents (years)



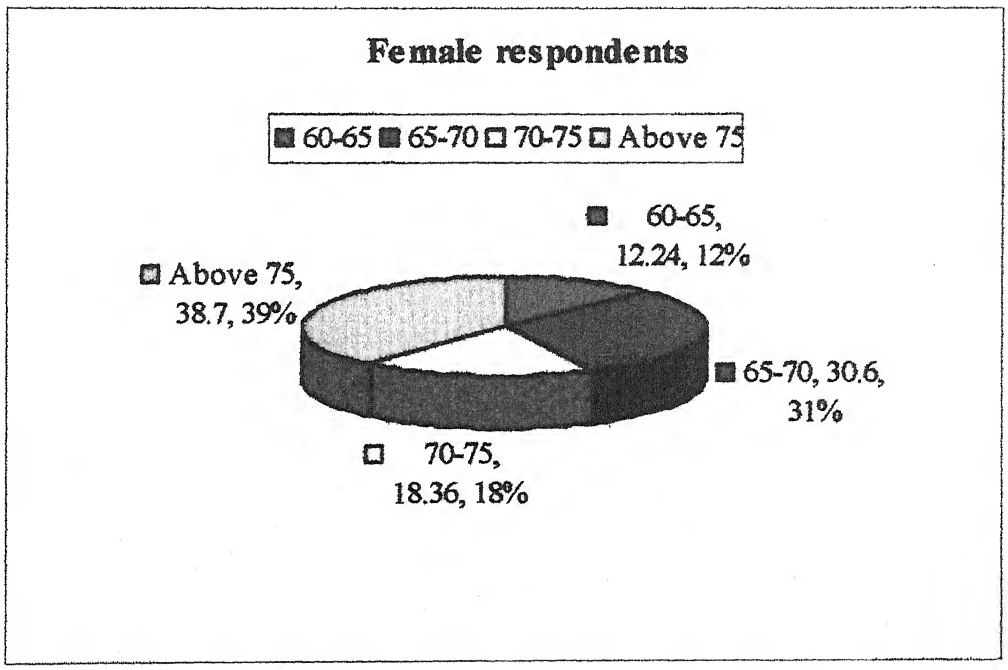


Fig 4.2: Sex of respondents

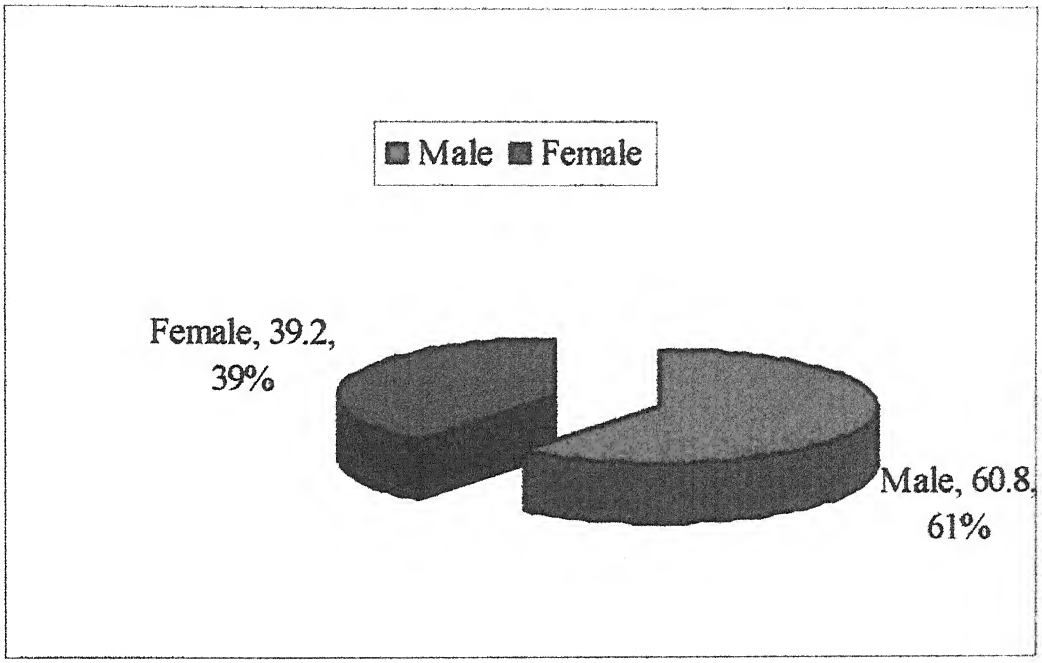


Fig 4.3: Marital status of respondents

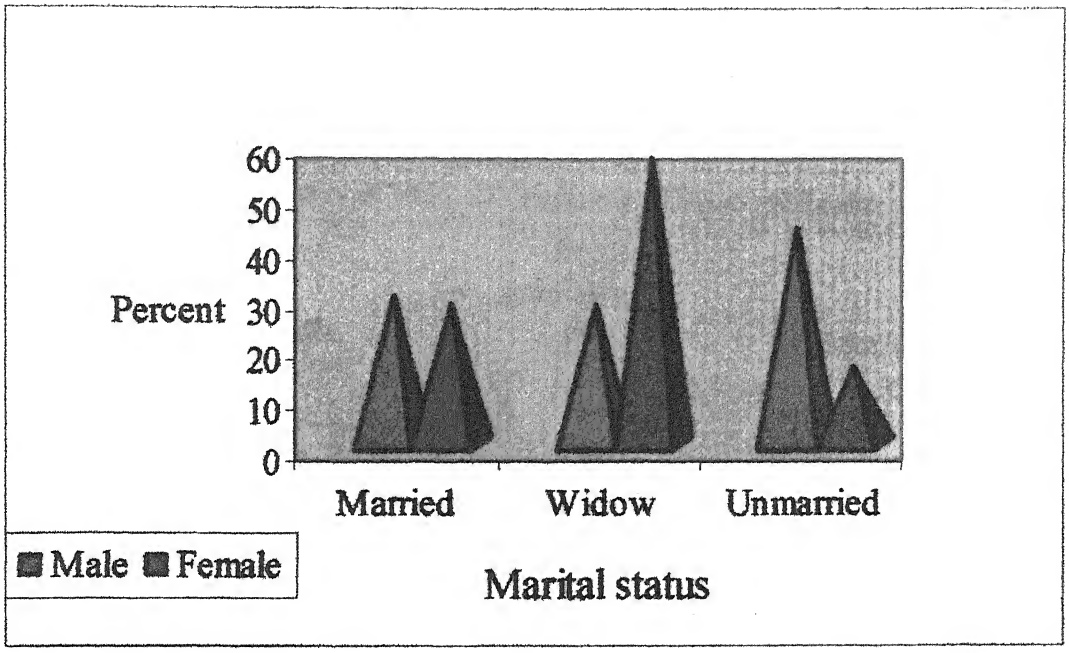
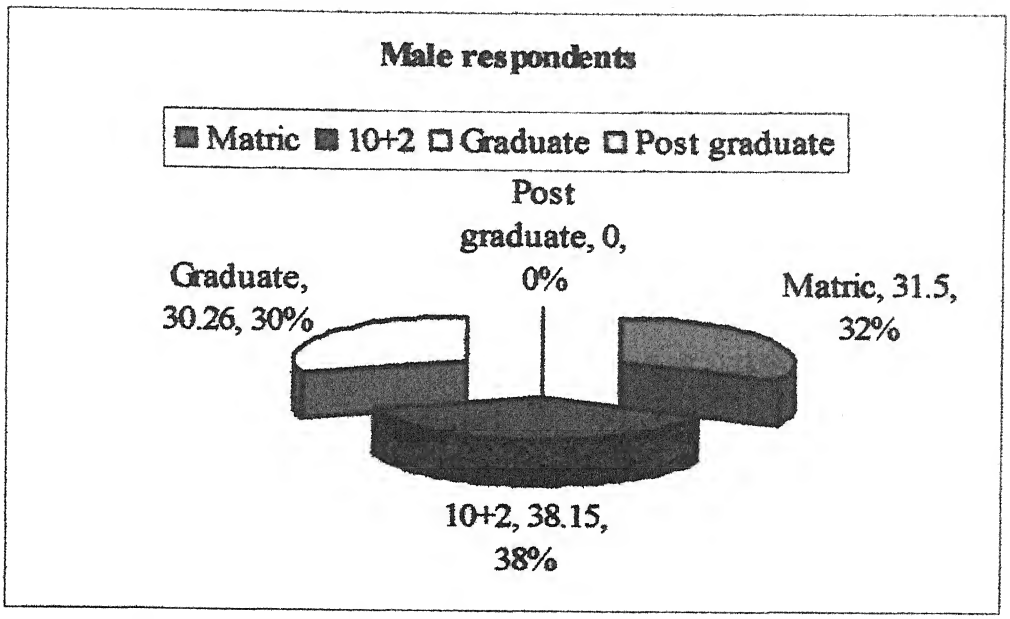
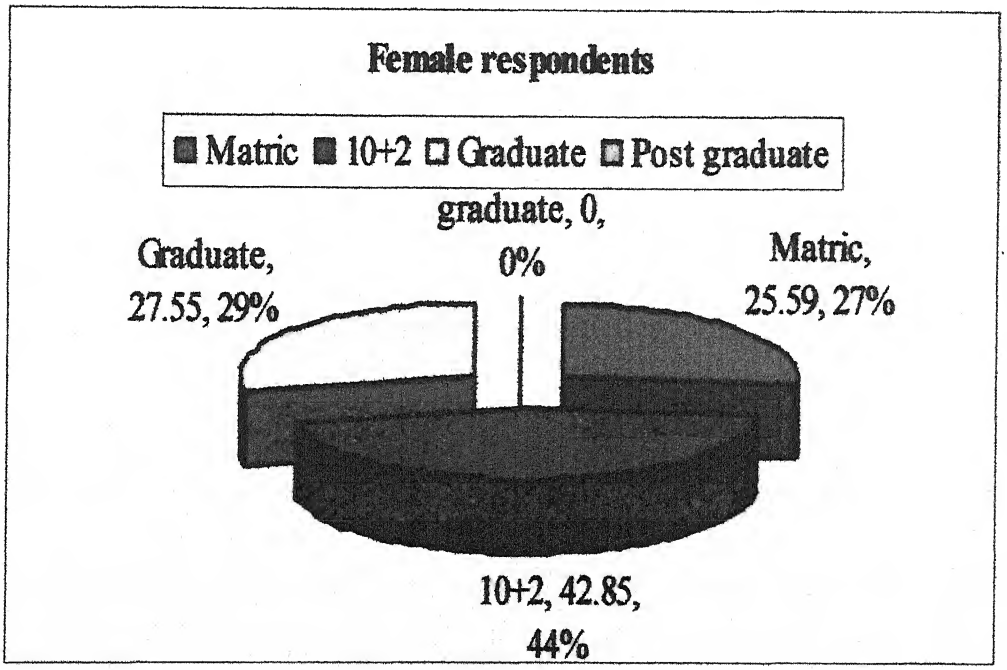


Fig 4.4: Education of respondents





in the family of above 5 members. Relative distribution of male and female respondents in different family size is given in Fig. 4.6. Regarding family type, 91.6 percent respondents belonged to nuclear family and 8.4 percent respondents belonged to joint family.The distribution of male and female respondents in different types of families is presented in Fig. 4.7.

Economic Variable

The occupation of the respondents as one of the economic variable in Table-2 also showed that 38 percent respondents were having self employment followed by 30.8 percent were in service and only 6.4 percent were having their own business. About 27.8 percent respondents were in the categories that were not involved in any occupation.None of the female respondents were having business occupation, while only 10% of male respondents were having business as occupation (Fig.4.8). The results on means of income indicated that 52.4 percent respondets were having their bank balance, 5.6 percent respondents were having business as means of income and 2.4 percent have their own property. Least number of male respondents was having property as means of income (1.9 %) while for least female respondents business was the means of income (2.04 %, Fig.4.9). only 0.4 percent respondent who have none of the means of income. The monthly income of the respondents as one of

Table–2 Frequency distribution of Social and Economic profile of respondents

Variables	Male (n=152)	Female (n=98)	Total (n=250)
Social Variable			
Caste			
Low	59 (38.81)	32 (32.65)	91 (36.4)
Middle	78 (51.31)	52 (53.06)	130 (52)
High	15 (9.8)	14 (14.28)	29 (11.6)
Family Size			
Upto 5 member	145 (95.39)	90 (91.84)	235 (94)
Above 5 member	7 (4.60)	8 (8.16)	15 (6)
Family type			
Nuclear	143 (94.07)	86 (87.75)	229 (91.6)
Joint	9 (5.9)	12 (12.24)	21 (8.4)
Economic Variable			
Occupation			
Service	40 (26.31)	37 (37.75)	77 (30.8)
Bussiness	16 (10.52)	0 (0.00)	16 (6.4)
Self Employment	72 (47.36)	23 (23.47)	95 (38)
Not applicable	30 919.73)	39 (38.77)	69 (27.8)
Means of Income			
Bank Balance	56 (36.84)	40 (40.82)	96 (38.4)
Property	3 (1.9)	3 (3.06)	6 (2.4)
Bussiness	12 (7.8)	2 (2.04)	14 (5.6)
Dependent	79 (51.9)	52 (53.06)	131 (52.4)
Not Applicable	0 (0.00)	1 (1.02)	1 (0.4)
Monthly Income			
Upto Rs. 5,000	150 (98.6)	94 (95.92)	244 (97.6)
Rs.5,000-Rs.10,000	1 (0.65)	1 (1.02)	2 (8)
Above 10,000	1 (0.65)	9 (2.04)	3 (1.2)
Not Applicable	0 (0.00)	1 (1.02)	1 (0.4)

Figures in paranthesis indicate percentages

Fig 4.5: Caste of respondents

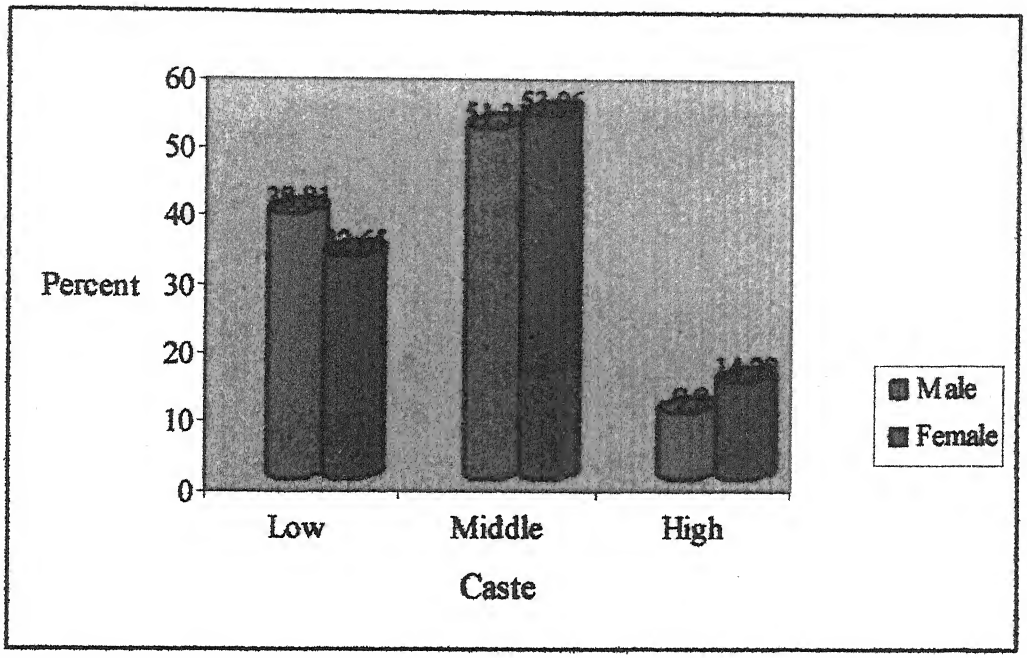


Fig 4.6: Family size of respondents

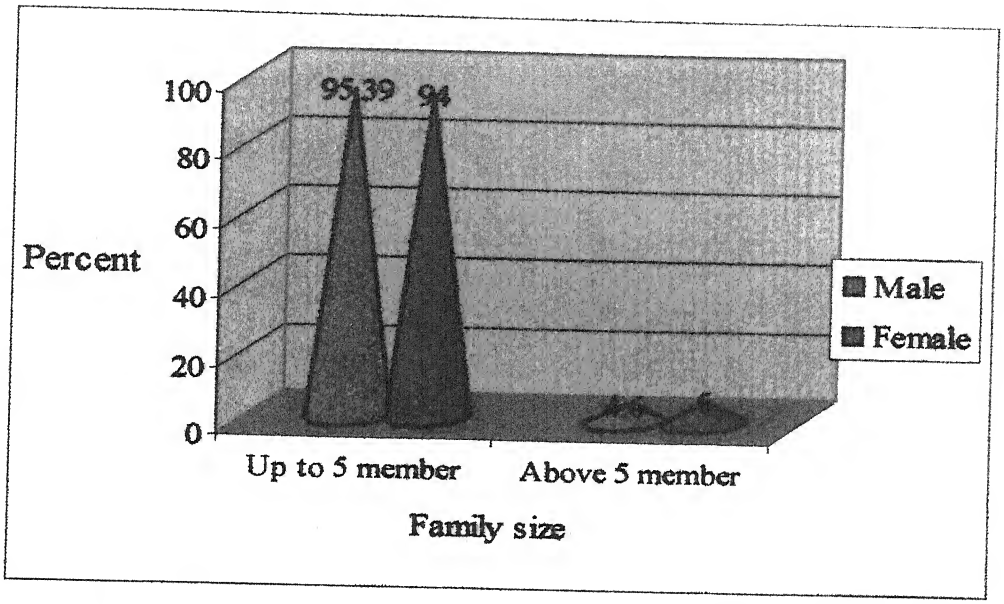


Fig 4.7: Family type of respondents

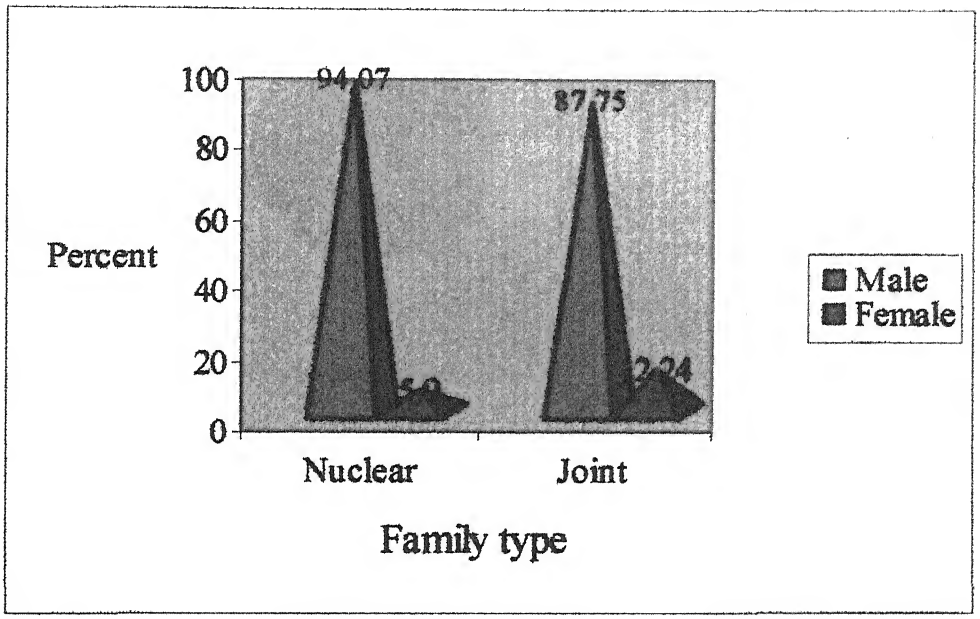
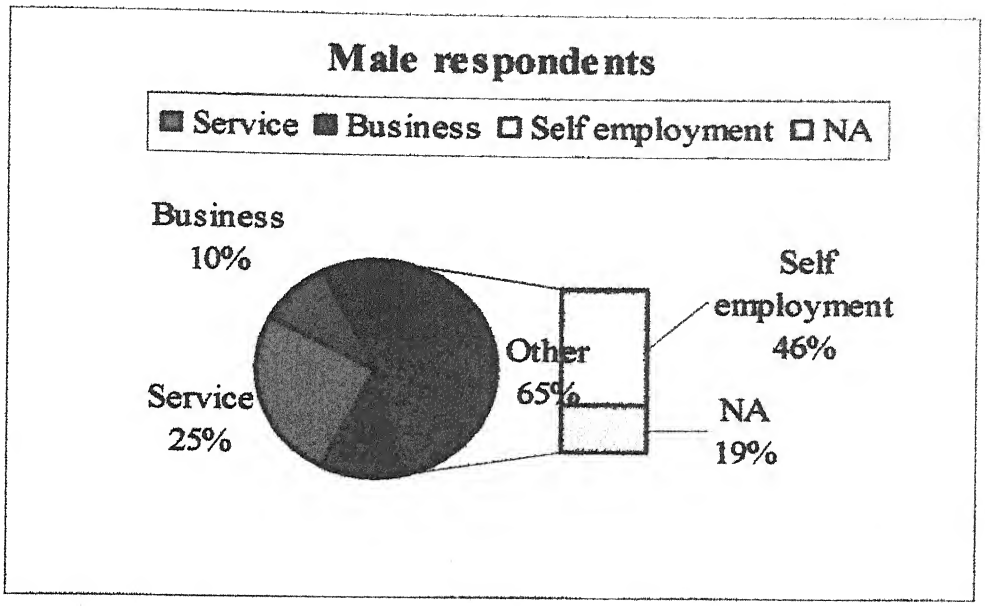


Fig 4.8: Occupation of respondents



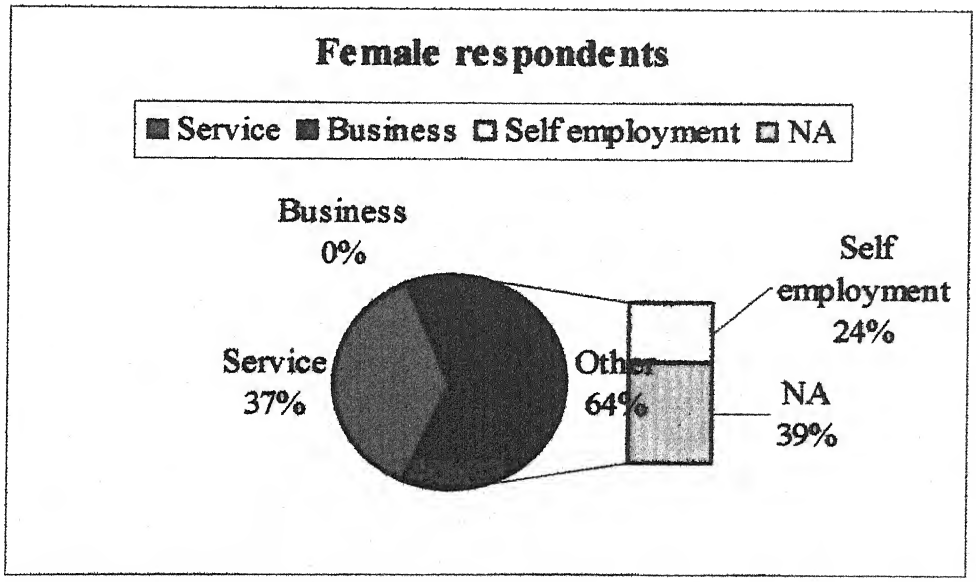
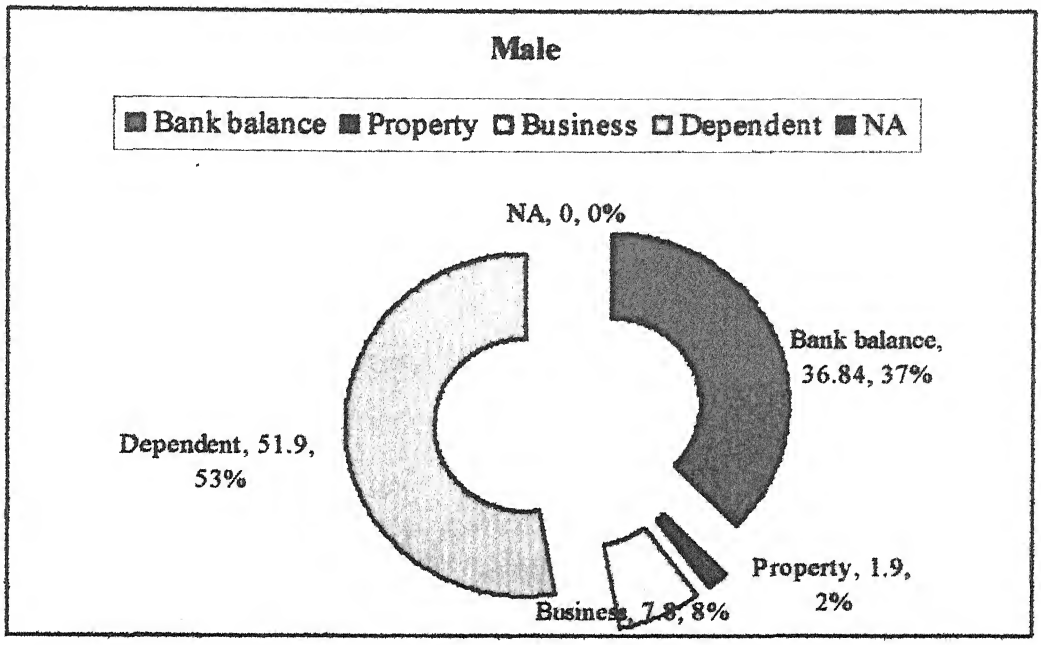


Fig 4.9: Income sources of respondents



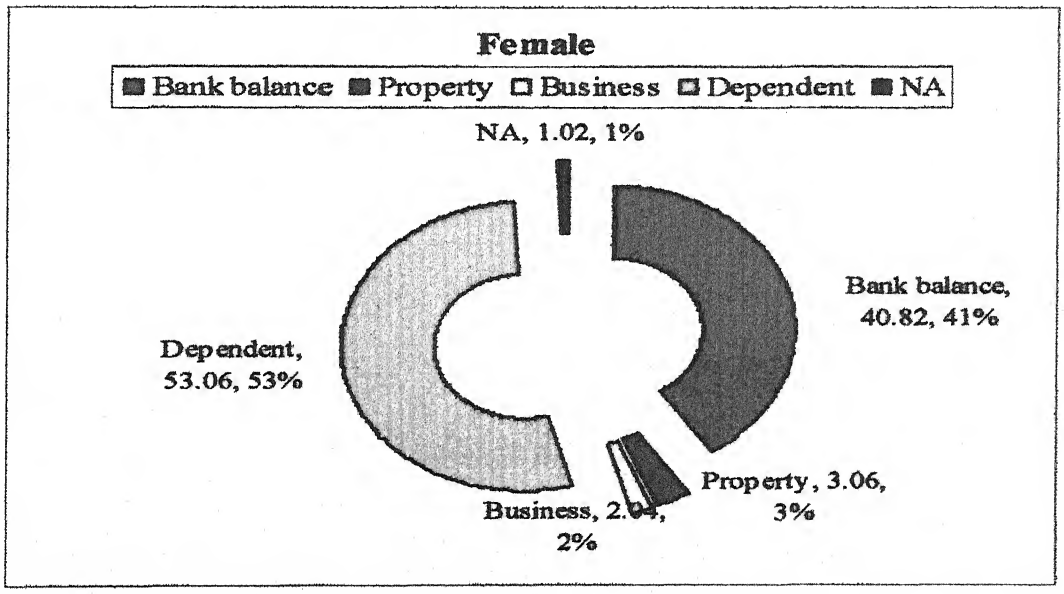
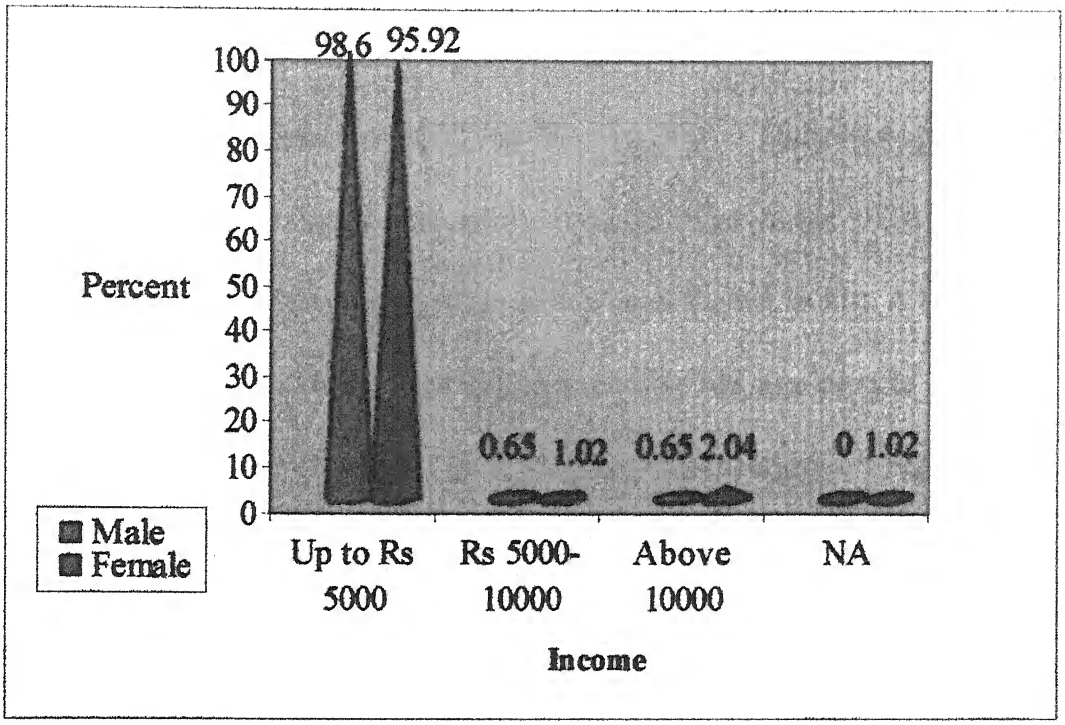


Fig 4.10: Monthly income of respondents



the economic variable showed that most of the respondents (97.6%) had income range upto Rs.5000. Only1.2 percent respondents had income range above Rs. 10,000 followed by 0.8 percent respondents who had income range between Rs 5000 to Rs. 10,000. Only 0.4 percent respondents were having no monthly income. The range of monthly income of male and female respondents has been shown in Fig. 4.10.

4.2 Distribution of different problem faced by old age people

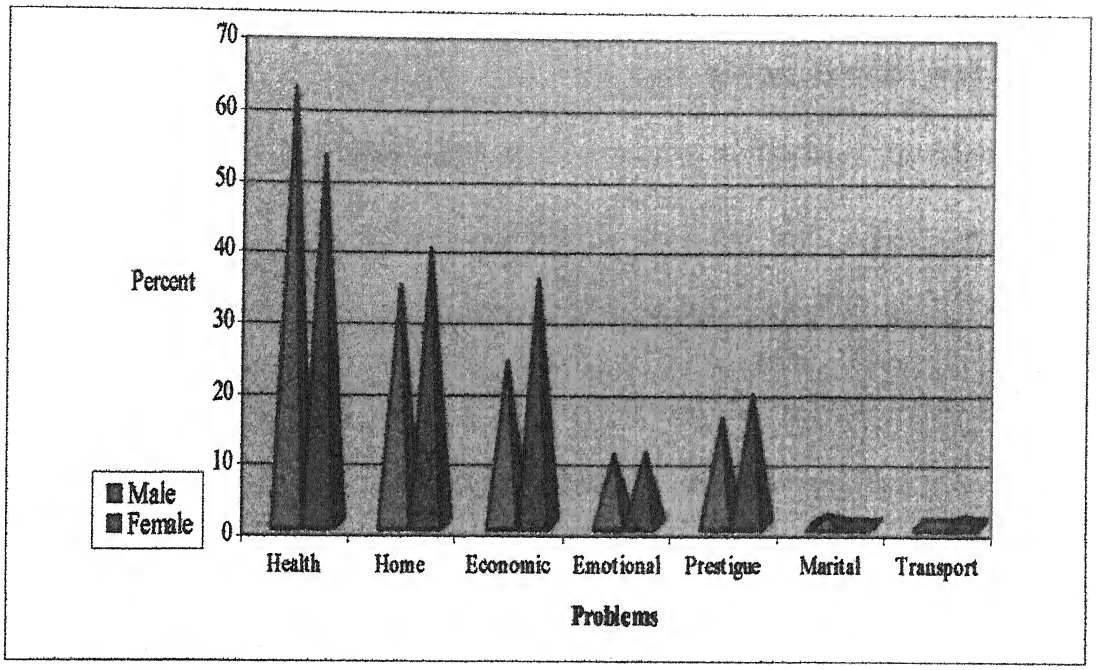
The results presented in Table –3 gives the information regarding the percentage distribution of old age people who faced different problems. The results indicated that 58 percent of the respondents were coming across health problem followed by 35.6 percent who reported home problem and 27.6 percent reported economic problem. Emotional and prestige problem were prevalent among 10 - 16 percent of respondents. Negligeble percent of respondents (i.e. 0.8 and 0.4) were having marital and transport problem respectively.The data further showed that male and female respondents have no problem of transport and marital , respectively (Fig. 4.11) .

Table–3 Frequency distribution of different problems faced of by old age people

Problems	Male (n=152)	Female (n=98)	Total (n=250)
1. Health	94 (61.84)	51 (52.04)	145 (58)
2. Home	51 (33.55)	38 (38.77)	89 (35.6)
3.Economic	35 (23.02)	34 (34.69)	69 (27.6)
4.Emotional	15 (9.86)	10 (10.20)	25 (10)
5. Prestige	23 (15.13)	18 (18.37)	41 (16.4)
6.Marital	2 (1.31)	0 (0.00)	2 (0.8)
7.Transport	0 (0.00)	1 (1.02)	1 (0.4)

Figures in paranthesis indicate percentages

Fig 4.11: Problems of old age people



4.3.1 Level of Health Problem

Table – 4 showed the levels of health problem faced by old age people. Results indicated that 51.06 percent males suffered from mild health problem followed by moderate (31.9%) and severe health problem (17.02%), respectively. The trend differs in case of females. In females, 56.86 percent suffered from mild health problem and equal percent (21.56%) suffered from both severe and moderate health problem. It is clear from the table that 53.10 percent respondents suffered from mild health problem followed by moderate (28.27) and severe (18.62) health problem.

These results conclude that female suffer more health problem in mild and severe category while male suffer more in moderate and mild category. The reason may be that females work more than their energy level in young age and do sacrifices for their diet that result weakness and poor health in old age while in case of male aging problem, some time becomes severe.

Table–4 Level of Health Problem in old age people

Level	Male (n=94)	Female (n=51)	Total (n=145)
Severe	16 (17.02)	11 (21.56)	27 918.62)
Moderate	30 (31.9)	11 (21.56)	41 (28.27)
Mild	48 (51.06)	29 (56.86)	77 (53.10)

Figures in paranthesis indicate percentages

4.3.2 Level of Home Problem

The data in Table-5 indicates the level or extent of home problem faced by old-age people. The overall result related to problem of old showed that 59.55 percent of respondents were having the mild health problem followed by moderate (37.07 %) and severe (3.37%) home problem. Comparative data revealed that the majority of the respondents (55 to 60%) in both category experienced mild home problem. Further comparision indicated that 39.21% males and 34.21% females were facing moderate home problem. In severe category only females (7.89 %) faced home problem, while none of the male respondent faced home problem.

The conclusion derived from the result indicates that home problem was found somewhat similar in both sexes as at this stage the generation gap creates the differences between two generations in which old people have to adjust. In older age, old people have sufficient time and they want attention from each and every member of family.

4.3.3 Level of Economical Problem faced by old age people

The data on level of economic problem of old age people have been presented in Table –6 It is obvious from the data that majority

Table–5 Level of Home Problem in old age people

Level	Male (n=51)	Female (n=38)	Total (n=89)
Severe	0 (0.00)	3 (7.89)	3 (3.37)
Moderate	20 (39.21)	13 (34.21)	33 (37.07)
Mild	31 (60.78)	22 (57.89)	53 (59.55)

Figures in paranthesis indicate percentages

(62.3%) of the respondents had the moderate economic problem followed by 33.33 percent who had mild economic problem. Only 4.34% of respondents had the severe economic problem. Comparatively, it was found that majority of the male and female (68.57 and 55.88 respectively) had the moderate economic crises followed by 41.17 percent females who were found in the mild category but in mild category. Only 25.7 percent males face the economic problem. The data also reveled that 2 to 5 percent respondents of both sexes face the severe economic problem. Results were supported by findings of Singh *et al* (1987) who reported similar pattern on the level of economic problem of old people.

The reason behind it may be that in case of males before retirement they were getting fixed salary but after retirement they get less money, which makes them feel economical insecure while in Indian society, the women have been treated as second citizen and she does not have saved money of her own as she has spent most of the money on her children.

Table–6 Level of Economic Problem

Level	Male (n=35)	Female (n=34)	Total (n=69)
Severe	2 (5.71)	1 (2.94)	3 (4.347)
Moderate	24 (68.57)	19 (55.88)	43 (62.31)
Mild	9 (25.71)	14 (41.17)	23 (33.33)

Figures in paranthesis indicate percentages

4.3.4 Level of Emotional Problem

The data on level of emotional problem of old age people have been presented in Table –7. It is obvious from the data that majority of the respondents (68%) were having the mild emotional problem followed by 24 percent who faced moderate and only 8% faced severe emotional problem. Sixty to seventy three percent male and female respondents, respectively faced the mild emotional problems while, 20 percent of male and 30 percent of female had faced the moderate emotional problem. Results showed that more number of female respondents (10%) face severe emotional problem compared to their male counterparts (6.66%).

From these findings it can be inferred that female face more emotional problem than males. The possible fact behind this may be that since they are enable to find a member in the house who can relate their problem or even has time enough to listen to them and discuss their problems. Additionally in the changing time the younger generations are also in sevice and they have no time/ least time even to look after and to sit and share their feeling with their aged parents.

Table–7 Level of Emotional Problem in old age people

Level	Male (n=15)	Female (n=10)	Total (n=25)
Severe	1 (6.66)	1 (10)	2 (8)
Moderate	3 (20)	3 (30)	6 (24)
Mild	11 (73.33)	6 (60)	17 (68)

Figures in paranthesis indicate percentages

4.3.5 Level of Prestige problem

Table –8 gives distribution of respondents on prestige problem. The data regarding problems faced by total respondents revealed that 43.9 percent of the respondents were having moderate level of prestige problem followed by mild (31.70%) and severe (24.39%). With regard to the prestige problem faced by male and female respondent's data indicated that 43.47 percent of male respondents were in moderate problem category followed by severe (39.1%). In case of female, 50 percent were in mild category followed by moderate (44.4%) and severe (5.55%) respectively. In a study conducted by Thakur (1990) similar pattern of prestige problem level in aged persons was indicated. The results indicated those females (5.55) are least sufferer of severe prestige problem compared to their male counterparts (39.13%)

The main cause for such results may be that males have more ego problem and due this when they were not considered as earning and head of the family, they face more prestigious problem.

Table–8 Level of Prestige Problem

Level	Male (n=23)	Female (n=18)	Total (n=41)
Severe	9 (39.13)	1 (5.55)	10 (24.39)
Moderate	10 (43.4)	8 (44.44)	18 (43.9)
Mild	4 (17.39)	9 (50)	13 (31.70)

Figures in paranthesis indicate percentages

4.3.6 Level of Marital problem faced by old age people

The data presented in Table-9 highlights the level of marital problem faced by old age people. The results revealed that none of the female respondent faced any level of marital problem. On the other hand, all the male respondents faced the mild level of marital problem and did not face any of the other level of marital problem.

The results further exhibited that in comparision of male and female the male faced more marital problem than female. This is due to the fact that in the male dominating society from the very beginning, male is always dependent on female even for their daily routine activities. In old age when male loses his wife, he is lost in the world and unable to cope up with personal routine job and feel more problems.

4.3.7 Level of Tranport problem faced by old age people

The data presented in Table-10 highlights the level of transport problem faced by old age people. Results revealed that none of the male respondent faced any level of transport problem. Hundered percent of the female respondent faced the transport problem in moderate category.

Table–9 Level of Marital Problems

Level	Male (n=2)	Female (n=0)	Total (n=2)
Severe	0 (0.00)	0 (0.00)	0 (0.00)
Moderate	0 (0.00)	0 (0.00)	0 (0.00)
Mild	2 (100)	0 (0.00)	2 (100)

Figures in paranthesis indicate percentages

Table 10 Level of Transport Problem

Transport Problem	Male (n=0)	Female (n=1)	Total (n=1)
Severe	0 (0.00)	0 (0.00)	0 (0.00)
Moderate	0 (0.00)	1 (100)	1 (100)
Mild	0 (0.00)	0 (0.00)	0 (0.00)

Figures in paranthesis indicate percentages

4.4 Health status of old age People

The relative distribution of male and female respondents into different health status levels has been given in Table -11 The critical analysis of health status revealed the most of the male respondents (57.89%) possessed good health status followed by 31.57 percent having modorate health status where as in female similar trend was seen (i.e. 52%) having good health status followed by 35.7 percent having moderate health status. The comparative analysis revealed that males had better health status than female (Fig.4.12).The findings of previous researchers (Joshi, 1981; Anantharaman, 1981; Simos, 1974; Jayakumar, 1992; and Punia, 1998) corroporates to the contensions of present investigation as these researchers also reported that women were found to be greater victims of health problem (diseases) as compare to their counterpart men in old age.

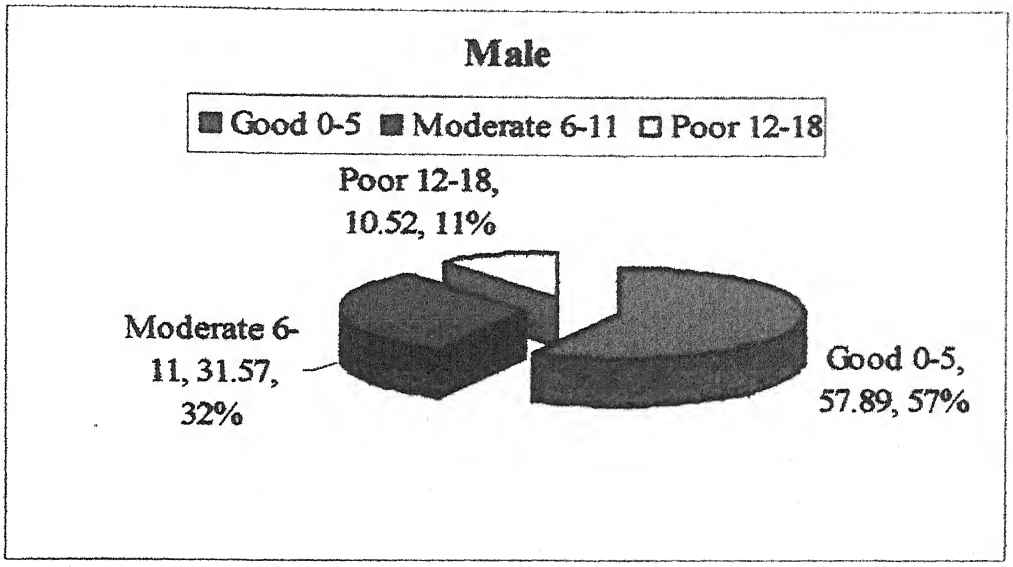
The result concludes that males had better health status than female. The possible explanation for such findings may be that females were too much devoted to their family for providing them the best. They neglect even their nutritional needs and more times spend their share for children / husband

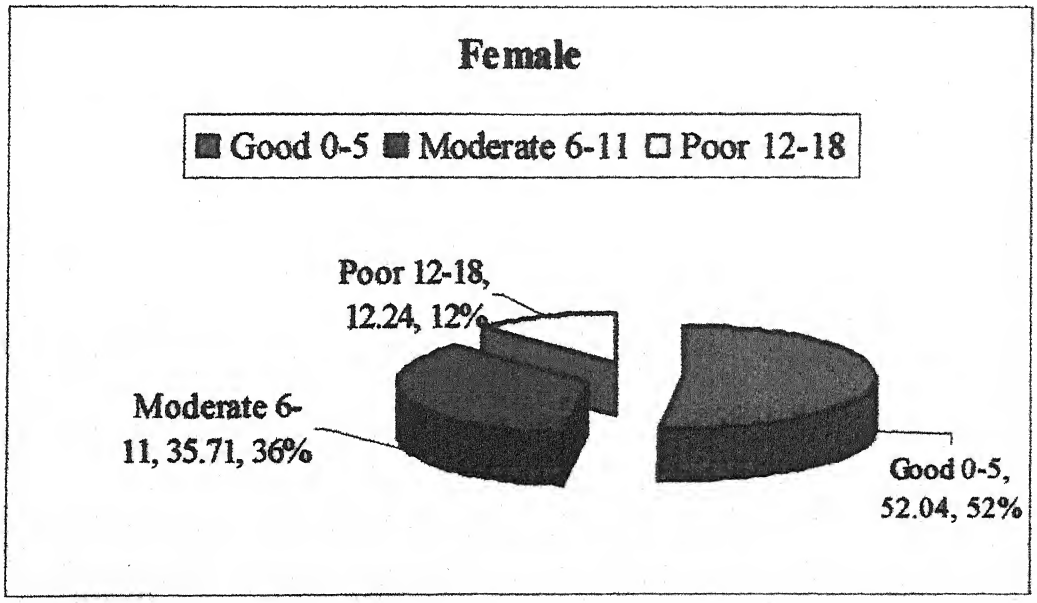
Table–11 Percentage distribution of Health status in old age people

Levels	Male (n=152)	Female (n=98)	Total (n=250)
Good (0-5)	88 (57.89)	51 (52.04)	139 (55.6)
Moderate (6-11)	48 (31.578)	35 (35.714)	83 (33.2)
Poor (12-18)	16 (10.526)	12 (12.244)	28 (11.2)

Figures in paranthesis indicate percentages

Fig 4.12: Level of health status of respondents





4.5 Welfare scheme benefiting old age people

Data on relative distribution of respondents into various welfare schemes have been given in table-12It is obvious from the data that most of the respondent (48%) were not availing any type of welfare scheme , that are beneficial to old age people. More than 36 percent were having their old age pension followed by 11.6 percent having special social security scheme and 2.4 percent were having pension and other benefits.

Almost negligible percent of respondents were availing different facilities i.e. 0.8% having extra ordinary pension, 0.4% have death cum retirement gratuity and family pension.

The comparative analysis of both sexes showed that regarding old age pension more females (38.77%) were benefitted as compare to male (34.8%). In terms of special social security scheme and pension and other benefits males are more benefited (16.4% 3.2%) as compared to female (4.08%& 1.02%). Only 0.65 percent and 1.31 percent males were benefitted with deathcum Retirement gratuity and extraordinary pension, respectively while only 7.02 percent females were benefitted by family pension. In case of not availing any type of welfare scheme, percentage of female respondents was more (55.10%) as compared to males (43.42 %).

Table–12 Percentage distributions of respondents into different welfare schemes

Welfare Schemes	Male (n=152)	Female (n=98)	Total (n=250)
1. Old age pension	53 (34.8)	38 (38.77)	91 (36.41)
2. Special social security scheme	25 (16.4)	4 (4.08)	29 (11.6)
3. Pension and other benefits	5 (3.2)	1 (1.02)	5 (2.4)
4.Death cum retirement gratuity	1 (0.65)	0 (0.00)	1 (0.4)
5. Family pension	0 (0.00)	1 (1.02)	1 (0.4)
6. Extra ordinary pension	2 (1.31)	0 (0.00)	2 (0.8)
7. Not Available	66 (43.42)	54 (55.10)	120 (48.0)

Figures in paranthesis indicate percentages

4.6 Correlation Analysis

4.6.1 Correlation between welfare schemes and Socio economic variable, problems of female respondents

The results on the correlation between the socio-economic variable and problems with welfare schemes of female respondents have been given in Table (13). A non-significant positive correlation of welfare schemes was observed with age and sex of female respondent. Caste and education level of respondents exhibited significantly ($P<0.05$) negative correlation with welfare schemes. On the other hand, family size and family type shown non-significantly negative correlation with the welfare schemes

A positive correlation existed between the welfare schemes and occupation, income, means of sources with problems. The correlation of welfare schemes was significantly positive with occupation and income of female respondents.

4.6.2 Correlation of old age problem with socio economic varaible of female respondents

A negative correlation of old age problem with socio-economic variables of female respondents (Table 14) was observed. Old age problem exhibited a significant ($r=0.3709$) negative correlation with family size,

Table–13 Correlations between welfare schemes and Socio economic variable, problems of female respondents

Variables	Correlation	Significant
Age	0.0012	NS
Marital status	0.0539	NS
Caste*	- 0.2754	S
Education*	- 0.3295	S
Family Size	- 0.0682	NS
Family type	- 0.1256	NS
Occupation	0.4740	S
Means of Income	0.3913	S
Monthly Income	0.00176	NS
Problems	0.0155	NS

Significant at P<0.05 level of significance

Table– 14 Correlation of old age problem with socio economic varaible of female respondents

Variable	Correlation	Significant
Age	- 0.0547	NS
Marital status	-0.0977	NS
Caste	-0.1501	NS
Education	-0.0798	NS
Family Size	-0.3709	S
Family type	-0.0866	NS
Occupation	-0.0228	NS
Means of Income	-0.0604	NS
Monthly income	-0.0144	NS

Significant at $P<0.05$ level of significance

while the relationship with other variables was non significant.

The correlation matrix of social variables with problems and welfare schemes of female respondents has given in table (15). This table indicates that respondent's belonged to high caste with higher level of education had a negative association with welfare schemes. The data presented is table (16) indicated that significant positive correlationexisted between the welfare schemes and caste (r= - 0.3232) and education (r = - 0.4248) of male respondents contrary to it welfare schemes showed a significant positive association with occupation (r= 0.4056) and education (r=0.4248) of male respondents. The results on the association of old age problems with socio-economic variable of male respondents have been presented in Table 17.

Table –15 Correlation matrixes for Female respondents

	Age	M.Status	Caste	Education	Family size	Family type	Occupation	Means of Income	Monthly income	Problems	Welfare schemes
Age	1.0000										
Marital	0.2153	1.0000									
Caste	0.0881	0.0817	1.0000								
Education	0.0028	0.1363	0.6351	1.0000							
Family size	0.0453	0.0428	0.1883	-0.0055	1.0000						
Family type	-0.1773	0.0084	-0.0308	-0.1390	0.3988	1.0000					
Occupation	-0.0362	-0.0048	-0.5693	-0.7790	-0.0276	0.1240	1.0000				
Means of Income	-0.0408	-0.0540	-0.3663	-0.5981	0.1932	-0.0677	0.5909	1.0000			
M.Income	-0.2183	-0.1174	-0.0403	-0.0122	-0.0247	0.4199	-0.0077	-0.0091	1.0000		
Problem	-0.0547	-0.0977	-0.1501	-0.0798	-0.3709	-0.0866	-0.0228	-0.0604	-0.0144	1.0000	
Welfare schemes	0.0012	0.0539	-0.2754	-0.3295	-0.0682	0.1256	0.4740	0.3913	0.0176	0.0155	1.0000

Table–16 Correlations between welfare schemes with Socio economic variable and problem of male respondents

Variable	Correlation	Significance
Age	0.0792	NS
Marital status	0.2657	NS
Caste *	-0.3232	S
Education *	-0.4248	S
Family Size	0.0298	NS
Family type	0.0857	NS
Occupation *	0.4056	S
Means of Income *	0.4885	S
Monthly income	0.111	NS
Problems	-.02657	NS

* Significant at P<0.05 level of significance

Table–17 Correlation of old age problem with socio economic varaible of male respondents

Variable	Correlation	Significance
Age	0.0041	NS
Marital status *	-0.3078	S
Caste	-0.0066	NS
Education	-0.0359	NS
Family Size	0.0170	NS
Family type	0.0126	NS
Occupation *	-0.3233	S
Means of Income *	-0.3919	S
Monthly income	-0.0986	NS

* Significant at P<0.05 level of significance

Old age problems of male respondents were significantly negativly correlated with marital status (r= - 0.3078), occupation (r= -0.3233) and income (r= - 0.3919), while the association of problems with other variables was non-significant. The association determined on other socio-economic variables of male respondents has been given in Table 18.

Pooled correlation matrix of respondents on socio-economic variables, problems and old age welfare schemes has been given in Table 19. The results revealed that welfare schemes had significant positive relationship with caste (r= - 0.3005) and education (r= - 0.3844) of respondents. On the other hand welfare schemes were significantly positvely associated with the occupation (r= - 0.4227) and income (r= - 0.4409) of respondents. Among the socio-economic variables, occupation was negatively ($P<0.05$) correlated with caste (r= - 0.4686) and education (4= -0.5395) of respondents. Income of respondents was positively ($P<0.05$) associated with the occupation (r = -0.5747) of respondent. Correlations between the socio-economic variables and problems of aged people have been demontrated by a number of earlier workers (Menachery, 1986, Nandal et. al 1988; Anantharaman 1981, Dipti Oza, 1986; Foster 1992) who are in favour and disagree to the results of present study.

Table-18 Correlation matrix for male respondents

	Age	M.Status	Caste	Education	Family size	Family type	Occupation	Means of Income	M. income	Problems	Welfare schemes
Age	1.0000										
Marital	0.0591	1.0000									
Caste	0.0594	0.0486	1.0000								
Education	0.0965	0.0280	0.6008	1.0000							
Family size	0.0896	-0.2221	-0.0506	-0.0292	1.0000						
Family type	0.1809	-0.0742	0.0681	0.0555	0.6098	1.0000					
Occupation	0.0999	0.1751	-0.3945	-0.3505	-0.0540	0.0263	1.0000				
Means of Income	0.0617	0.0697	-0.3763	-0.2572	0.0205	-0.0489	0.5666	1.0000			
M.Income	-0.0530	-0.0612	0.2220	0.2181	-0.0241	0.1271	-0.0892	-0.0298	1.0000		
Problem	0.0041	-0.3078	-0.0066	-0.0359	0.0170	0.0126	-0.3233	-0.3919	-0.0986	1.0000	
W.scheme	0.0792	0.2657	-0.3232	-0.4248	0.0298	0.0857	0.4056	0.4885	0.0111	-0.2657	1.0000

Table-19 Pooled Correlation matrix

	Age	Sex	M.Status	Caste	Education	Family size	Family type	Occupation	Means of Income	Monthly income	Problems	Welfare schemes
Age	1.0000											
Sex	-0.1493	1.0000										
Marital	0.1303	-0.1443	1.0000									
Caste	0.0581	0.0822	0.0465	1.0000								
Education	0.0558	0.0092	0.0616	0.6136	1.0000							
Family size	0.0565	0.0731	-0.1238	0.0674	-0.0173	1.0000						
Family type	-0.0218	0.1207	-0.0529	0.0265	-0.0411	0.4921	1.0000					
Occupation	0.0333	0.0288	0.1000	-0.4686	-0.5395	-0.0384	0.0823	1.0000				
Means of Income	0.0220	-0.0203	0.0304	-0.3725	-0.3961	0.0985	-0.0593	0.5747	1.0000			
M.Income	-0.1306	0.0016	-0.0798	0.0943	0.1074	-0.0242	0.2940	-0.0469	-0.0198	1.0000		
Problem	-0.0352	0.0686	-0.2511	-0.0513	-0.0446	-0.1518	-0.0263	-0.1904	-0.2658	-0.0575	1.0000	
W.scheme	0.0647	-0.1136	0.2112	-0.3005	-0.3844	-0.0218	0.0905	0.4227	0.4409	0.0144	-0.1603	1.0000

Chapter-5

Summary and Conclusion

SUMMARY AND CONCLUSION

In our society, old age is often regarded as a time when the vessel of life has become empty and a time when human development and human potentiality has come to an irreversible and inevitable halt. Ageing is a process, which takes place during the entire life span of an organism. Though old age in man is often associated with disease, however, aging can never be regarded as synonymous with disease, loneliness and uselessness. The truth about aging is that it is a natural and universal process. It is not at all a crisis, which hits us suddenly and abruptly in middle age, but it is a continuous unfolding cycle of change that begins to operate even before our birth. In ancient times, old people were considered as the guiding stars in Indian families since they were the symbol of tradition, respect, wisdom and experience. In the society where the continuation of family and community norms are transferred from generation to generation by reigning elders, the position held by these persons is one of high esteem and respect. Examples of such social structure are apparent in the Indian rural joint family system, where the younger generation traditionally gathers around the older persons for advice and sanction. Both age and experiences were respected in India.

The physiological aspect of aging may remain much the same in various countries, but the methods of contending with the economic and social aspect of aging vary widely. In Indian society where the joint family system still prevails, the aged continue to enjoy respect and power. The obligation of the family to look after the aged and to honour and respect them still continues. However, the overall situation in developing countries is still somewhat different from that in the developed countries where urbanization took place many years ago. In many of the developing countries, there are till living customs which incorporate the elderly into community life, equate wisdom with age and consider the elderly to be the natural statesman of the community. The problem of ageing population is becoming serious not only in the developed countries but also in developing countries. It is going to be a major issue in our country requiring government's concern. Whenever, the family does not provide full protection and security to the aged, the society has to share the burden of looking after them. Now a day, old age homes are established to take care of the old. This idea of 'institutionalization' of the aged has been largely borrowed from the western countries. Thus, aging has become a complete and challenging

proportion of the individual to face it personally. So the present study is an attempt made in this direction with the following specific objectives

1) Profile of old age people

2) To find out various problems/difficulties in old age.

3) To determine the prevalence of problems/difficulties of old age.

4) To study various welfare schemes provided by the Government and Non- Government agencies.

5) To analyse the impact of welfare schemes for older people

Material and Methods

Delhi City, Capital of India was considered for conducting the present study due to more number of old age homes.

Selection of respondents - As per requirement of the study, a purposive list of old age people above 60 years of age was prepared from different old age homes. From the list, 250 respondents were randomly selected from three different old age homes namely Ozana Home Rosery School, Nirmal Hirdyay and Saint Mary Home Victoria School.

Selection of variables

Dependent variable - Problems faced by people with special need (old age) in old age homes were taken as dependent variable for the present study.

Independent variables - Independent variables included personal (age, sex, marital status, education) and socio economic (caste, family size, family type, occupation, means of income, monthly income) status and health status of old people.

Various tests, Shamshad-Jasbir Old- Age Adjustment Inventory (Sjoai) and Punia, Health Status of old people were administered for measuring the problem of old age. An interview schedule was developed and used to judge the socio-economic status of old people living in old age homes and also with which schemes they are more benefited.

Data collection- The data were collected with the help of well structured interview schedule and standardized inventories developed for this purpose. The researcher first introduced self to the respondents selected for the present study. Then the inventories were handed over to them and sufficient time was given to the respondents to fill their responses on the schedule

Statistical Analysis: -

The collected data were tabulated and complied systematically. Following appropriate statistical tools were used to draw the inferences from the data.

1. Frequency and percentage

2. Coefficient of correlation

Results and Discussion

Personal profile of the respondents

Maximum respondents were in the age category of above 75 years and were male. The marital status of respondents indicated that majority of the respondents were widow / widower and were educated upto intermediate.

Socio variable

The data on social variable aspects revealed that most of the respondents belonged to middle caste and were in the family size of upto 5 members and had nuclear family type.

Economic Variable

Interpretation of data on economic variable showed that majority of the respondents were having self-employment, were having their bank balance and had income range upto Rs 5000.

Distribution of different problem faced by old age people

The results incurred on old age problem revealed that most of the respondents were coming across health problem followed by home problem, economic problem, emotional and prestige problem. Data further showed that negligeble percent of respondents were having marital and transport problem.

Health Problem faced by old age people

The data on health problem of old age people indicated that mostly males and females suffered from mild health problem, however severity of health problem was more in females.

Home Problem faced by old age People

Comparative data revealed that the majority of the respondents in both sex categories experienced mild home problem, while in moderate category, proportion of males was more.

Economical Problem faced by old age people

Results on economic front of old age people indicated that majority of the male and female respondents had the moderate economic crises followed by mild category but proportion of male respondents was less in mild category of economic problem .

Emotional Problem faced by old age people

Majority of the respondents were having the mild level of emotional problem followed by moderate and least severe emotional problem. Higher number of female respondents had severe emotional problem.

Prestige problem faced by old age people

The data regarding prestige problems faced by total respondents revealed that maximum numbers of the respondents were having moderate level of prestige problem followed by mild and least severe. Higher number of male respondents had severe prestige problem than their counterpart females.

Marital problem faced by old age people

The data regarding the level of marital problem pointed out that none of the female faced any level of marital problem and 100 percent of males faced the marital problem in mild category.

Tranport problem faced by old age people

Results showed that none of the male respondent faced any level of transport problem and hundered percent of the female respondent faced the transport problem in moderate category.

Health status of old age People

The results on health status of respondent's divulzed that most of the male respondent, possessed good health status followed by modorate health status where as in female similar trend were seen. The comparative analysis revealed that males had better health status than female.

Welfare scheme benefiting old age people

Data on welfare schemes revealed that about 50% of the respondents were not availing any type of welfare scheme, which are beneficial to old age people. Few of the respondents were having their old age pension followed by special social security scheme and pension and other benefits. Almost negligible percent of respondent's were availing

different facilities like extra ordinary pension, death cum retirement gratuity and family pension.

Correlation between problem and socio-economic variables

Correlation analysis between old age problem and socio–economic profile of respondents revealed that in case of female respondents only family size was significantly ($P<0.05$) negatively correlated to old age problem. On the other hand in case of male respondents marital status, occupation and monthly income were negatively ($P<0.05$) correlated with the old age problem.

Correlation between welfare scheme and socio-economic variables, problems

Results on welfare schemes's impact showed that caste and education level of both male and female respondents had a significantly ($P<0.05$) negative correlation with the welfare scheme. Inversely occupation and means of income of both sexes showed a significantly positive correlation with welfare scheme.

Bibliography

Bibliography

Annonymous. 1994. Leisure time activities among aged. *Perceptual and Motor Skills*, 68 (1): 203-209.

Behera, D.K. 1991. Problems and treatment of the aged among the plain Bhuiyans of Orissa. *Journal of Social Action*, 41 (4): 436-440.

Christopher, A.J. 1992 ."Give them their due". *Social Welfare* ,34 (7-8): 6-8.

Coke, R.H. 1992. Activity and affect among the aged. *Journal of Social Psychology*, 125 (1): 121-128

Cox , H. 1984. Later life : The realities of ageing . Prentice Hall,Inc. , New Jersey.

Creecy, R.E., Berg, W.E. and Write, J.R. 1982. Loneliness among the elderly: A Casual Approach. *Journal of Gerontology*, 40 (4): 487-493.

Desai, K.G. 1986. Age imprints more wrinkles on the mind than on the face. *Social Welfare*, 33 (3): 3-9.

Dev, P.K. 1993. Changing aspect of the family. *Women's era* : 25-27.

Dev,S.1989.A study on the physical, economic,social and psychological problems of old people in samastipur district(Bihar).MastersThesis. Punjab Agricultural University, Ludhiana.

Dipti,J.Oza. 1986. Aging in India .Bombay, Tata Institute of social science.

Esserx, M.J. and Nam, S. 1987. Marital status and loneliness among older women. *Journal of Marriage and Family*, 49 (2) : 93.

Foster, K.F. 1992. Self-ratings of health among the old. *Journal of Health and Social Behaviours*, 1121: 377-383.

Gaugrade, J.F. 1988. Interaction between old and young. *International Journal of Aging and Human Development*, 6: 29-41.

Giron, Maria-Stella-T, Forsell,- Yvonne, Bernstern, Celillia, Tharslund,- Mats, Fastbom, Johan, 2002. Sleep problems in a very old population. Drug and clinical correlaties. *Journal of Gerontology*.

Gupta, S.P. 1988. Where will they go? *Social Welfare*, 35 (5): 29-32.

Hersch, R. 1990 Leisure performance of older adults and their life satisfaction. *Journal of Social Work*, 29 (11): 2-7.

Holland. A.J 2002. Ageing and learning disablty. *British-Journal of Psychiatry*. Vol 176: 26-31.

Hudson, B. A. Beverly, R. and Dawson, B. 1990. Homelessness: special problem related to training research and the elderly. *Gerontology and Geriatics Education*. Vol 10 (3); 31-69

Hueppe. M, and Janke. W, 1998. Emotional reactivity in the elderly some basic problems and result. *Psychalogische-Beitraege.* Vol 40 (1): 13-135.

Jain, S. , Maddox, M. and Mehar, R. 1991. The greeping of India . *India Today*, April,17-19.

Jaya Kumar. 1992. Health problems of elderly. *The Creative psychologist*, 31 (2) : 45-50.

Kabir, M. 1992. "Effects of Social change on the health of elderly; Evidence from a micro study" . *Journal of Family Welfare*, 38 (1): 17-19 and 33.

Kaur, S., Kaur, M. and Kumari, Shantla. 1989. Attitude towards the problems of old age. Sri Avinashilingam College of Home Science for Women.

Kearney, M., Kumar, H. and Kumar, Vijaya. 1990. Family life and socio-economic problems of the aged. Delhi, Ashish Pubilishing House.

Kelly, C. 1989. Leisure activity of the aged. Aging in India, Challenge of the Society.

Kumar, Hemant. 1986. Health status of the aged in Uttar Pardesh Village. *Social Welfare*, 34 (6): 19 and 30-31.

Lakshminarayan and Easwarmoorthy. 1980. Retirement. G.L. Made (Ed.). The Encyclopedia of Aging. New York, Springer, 577-580.

Liebig,P. 1999. Using home modifications to promote self-maintennace and mutual core : The case of old age homes in India. Physical and Occupational *Therapy in Geriatrics* Vol 16 (3-4); 79-99.

Mahajan, A. 1987. Problems of aged in unorganized sector; Mittal publications, Delhi.

Majumdar,C. 1985. "The end of the road" .The Hindustan Times, Sunday Magazine, Oct.6, New Delhi.

Marulsiddaiah, K. S. 1992. A casual model of declining authority of elderly. *Journal of Gerontology*, 34 (1): 86-93.

Menachery, G. 1986. Adjustment and Socio- economic status among urban retired. *Indian Psychological Review*, 30 (5): 31-34.

Mishra, A. 1992. Life satisfaction of elderly men and women. Diss. Abstr. Intern., 52 (3): 1037A.

Mishra, S. 1993. Golden years filled cheer. *Social Welfare*, XL (7): 29-33.

Mishra, Saraswati . 1989. Decision making in aged. *Social Welfare*, 34(3): 17-20

Nandal, D.S. 1988. Aging problems in the structural context. Aging in India- challenge for the society. Dak, T.M. and Sharma, M.L. (Eds.), Delhi, Ajanta Publications.

Nayar, P.K.B. 1987. Ageing and society. *Social Welfare*.34(3):28-30.

Oberoi, K. and Dey, S. 1993. A study on physical, social and psychological problems of old people. *Indian psychological Review*, 36 (1-2): 11-21.

Oberoi, Krishna. 1995.Problems of Elderly in India. College of Home Science, PAU, Ludhiana.

Parathasarthy, P. 1975. Problems of the Aged in rural India. Journal of Social Research, 32 (4) : 387-391.

Punia , D. 1998. Problems of old age and related factors in Urban Haryana. M.Sc. (Child Development) Thesis, I. C. College of Home Science, CCS HAU, Hisar. (Haryana).

Putez,S. 1984. Retirement problems of aged . Journal of Social Research , 28 (4) : 380-383.

Raghani, S. and Singhni, B. 1989. Retirement as a problem. *Journal of Marriage and Family*, 50 (1): 173.

Riddict, R. 1985. Leisure utilization. New Delhi, National Book publishers.

Russell, P.K. 1987. Life satisfaction among aged. Journal of Psychological Researches, 32 (3): 3-4.

Simon, P.S. 1990. Life satisfaction among aged. Hillside. *Journal of Clinical Psychiatry*, 6 (12): 3-4.

Singh, R. and Dawra, B. 1989. Adjustment problems of old age. Chandigarh New Line Survey. The Tribune, March 22: 1.

Singh, R., Singh, K. and Sharma, M.L. 1987. Economic problems of aged women. Haryana Agricultural University Journal of Reaserch. 17 (2): 199-202.

Sinha, R.K. 1986. Women and Development, New Delhi, Ashish Publishing House.

Thakur, S.C. 1990. Will someone care for them? *Social Welfare*, 37 (6): 20-21.

Van, G. 1995. Aging and quality of care. *British-Journal of Developmental Disabilities.* Vol 41 (18,pt2): 73-78.

Vijayakumar, S. and Surya Naryan, M. 1989. Problems of aged in RN Pati and B Jena (eds) Aged in India. Ashish Publishing House, New Delhi.

William, A. K. 1986. Physical illness and depression: changes over time in middle aged and elderly persons. *Diss. Abstr. Intern.*, 46 (2): 3831-A.

Annexure-1

Socio Economic Status Scale

Name of the respondent

Age

Sex

Marital status married / widowed

Caste low/Middle/ High

Education Matric/ Intermediate /Graduation /Postgraduate

Family size upto member/ Above5 member

Family type Nuclear / Joint

Occupation before retirement Service / Business / self-employment

Means of income at present
- Bank Balance
- Property
- Bussiness
- Dependent

Monthly Income Upto 5000 / 6000-10,000 / Above 10,000 (from all sources)

Which type of problems do you face in your old age?

1. Health problems
2. Home problems
3. Economic problems

4. Emotional problems

5. Prestige problems

6. Marital problems

7. Transport problems

Welfare Schemes benefitting old people

Name of scheme	**Yes/ No**
1. Death cum Retirement gratuity	
2. Pensions and other benefits available to Government employees	
3. Family pension to the widow	
4. Extraordinary pension	
5. Special social security Schemes	
6. Old age pension	
7. Not Availing	

Annexure-2

HEALTH STATUS OF THE OLD PEOPLE

Name: Age:
Address: Sex

Sr. No.	Common Health Complaints	Yes / No	Time when Started	Severity		
				Always	Sometime	Rarely
1.	Impairments of Visions					
2.	Backache					
3.	Arthritis					
4.	Sleeplessness					
5.	Blood pressure					
6.	Bowel Irregularities					
7.	Chest pain					
8.	Impairment of hearing					
9.	Forgetfulness					
10.	Diabetes					

11.Heart disease

12.Weakness

13.Giddiness

14.Acute cough, Cold

15.Aesthma

16.Headache

17.Gynaecological problem

18.Prostrate problems

Annexure-3

SHAMSHAD-JASBIR OLD- AGE ADJUSTMENT INVENTORY (SJOAI)

Dr. Shamshad Hussain
University Professor of Psychology,
&
Dr. Jasbir Kaur
Reader in Psychology
Sri Guru Gobind Singh College
Patna-800005

निर्देश

वृद्धावस्था में उत्पन्न समस्याओं से सम्बन्धित प्रश्न यहॉ दिए गए है। इन प्रश्नो के द्वारा आप स्वयं को अच्छी तरह जान सकते है। अगले पृष्ठों में लिखित प्रश्नों के उत्तर अगर आप सही ढंग से देंगे तो आप स्वयं को अच्छी तरह जान पाएगें।

आपके उत्तरों के गलत होने की सम्भावना नही है। प्रत्येक प्रश्न का उत्तर आप 'हॉ' अथवा 'नही'अथवा '?' वाले खाने (□) में दे सकते है। इन तीनों में से जो उत्तर आपके विचार में सबसे अधिक ठीक हो, उसे उत्तर पत्र में अंकित प्रत्येक प्रश्न के प्रत्युत्तर के नीचे वाले खाने (□)में क्रॉस का चिन्ह

(X) लगा देवें। प्रश्नवाचक चिन्ह को आप तभी क्रोस (X) करें जब निश्चित हो जाएँ कि आप 'हॉ'या 'नही'में उत्तर नही दे सकते है। समय की सीमा नही है, फिर भी आप इसे जल्दी ही समाप्त करने की चेष्टा करें।

अगर कुछ प्रश्न आपसे सम्बन्धित न हों तो कृपया उत्तर न दें। जब तक आपसे कहा नहीं जाए उत्तर देना आरम्भ नही करें। आदेश मिलने पर ही पृष्ठ को उलटें।

1. (ख) क्या आप स्वयं को अपने घर में उसी आदर सम्मान के साथ महसूस करते है जैसा पहले करते थे।
2. (ग) क्या समाज में आप स्वयं को इस उम्र में प्रतिष्ठित महसूस करते है?
3. (च) क्या आप वृद्धावस्था को सवेगहीन भावना रहित समझते है?
4. (घ) क्या आप इस उम्र में भी अपने वैवाहिक सम्बन्ध से आकर्षण महसूस करते है?
5. (क) क्या आप बुढ़ापे को एक रोग की संज्ञा देते है?
6. (ग) क्या आपने कभी यह महसूस किया है कि आपका सामाजिक दायरा घट रहा है?
7. (क) क्या आप सोचते है कि वृद्धावस्था के आने पर व्यक्ति शारीरिक रूप से विवश हो जाता है।
8. (घ) क्या आप ऐसा सोचते है कि आपका जीवन आपके जीवन–साथी के बिना अधूरा है?

9. (च) क्या आपके मन में कभी आत्म–हत्या करने का विचार आया है?
10.(क) क्या आपको ऐसा लगता है कि इस उम्र में बीमारी से अधिक बीमारी की चिन्ता बनी रहती है?
11.(ख) क्या आपके बच्चे आपसे पहले जैसा सम्बन्ध रखते है?
12.(घ) क्या आप ऐसा महसूस करते है कि आप अपने जीवन साथी पर पहले से अधिक निर्भर है?
13.(च) कभी आप यह तो महसूस नही करते कि वृद्धावस्था में खुलकर हॅस या रो नही सकते ?
14.(ग) क्या समाज के लोग आपके अनुभवो और विचारो की अपेक्षा आशा रखते है?
15.(क) क्या आप हमेशा अपने आपको किसी तनाव और दुविधा में घिरा हुआ पाते है और आपकी उच्च रक्तचाप की शिकायत हो जाती है?
16.(घ) आपके जीवन साथी के मन में आपके प्रति शंका तो नही होती कि उसकी उम्र ढलने के बाद आपकी रुचि अब उसमें नही रही ?
17.(च) क्या आपकी अपने घर में या बाहर अब अपने सम्मान की अधिक चिन्ता रहती है?
18. (छ) क्या आप आर्थिक रूप से अब भी अपने में स्वतन्त्र है?
19.क्या लोगों के बीच रहकर आप स्वयं को अधिक सुरक्षित महसूस करते है?
20.(ख) क्या आपकी नौकरी समाप्त हो जाने पर घर के लोग आपको आपको बोझ तो नही समझते ?
21.(घ) अपने सम्बन्धो को दृढ़ रखने के लिए क्या आप एक दूसरे को अधिक चाहते है?
22.(क) क्या आप किसी भी मामूली शारीरिक रोग से जल्द घबड़ा जाते है?
23.(ग) क्या प्रायः आपको ऐसा तो नही लगता कि आप सामाजिक सम्मेलन में जाने से हिचकिचाते है?
24.(च) क्या आप बुढ़ापे में होने वाली लम्बी बीमारी से आतंकित रहते है?
25.ग क्या आपको ऐसा लगता है कि आपके पास जो भी समय है वह काटे नही कटता?

26.(छ) क्या जब आपको पैसों की जरूरत होती है तो आप घर के लोगों पर निर्भर करते है?
27.(क) आप दवाओं पर अधिक निर्भर करते है?
28.(ख) क्या बच्चे आपके घन की उम्मीद में आपकी सेवा करते है?
29.(ग) जब आपके घर पर लोग आते है तो क्या आप सहर्ष उनसे मिलते है?
30.(च) क्या आप इस बात पर चिन्तित रहते है कि कल क्या होगा?
31.(घ) क्या आप अपने जीवन साथी की राय लेकर ही कोई कार्य करते है?
32.(च) क्या थोड़ी सी बात पर आपका दिल बहुत धड़कने लगता है?
33.(ख) क्या आप घर में किसी काम में सहायता देने को तैयार रहते है परन्तु घर के लोग आपका सहयोग नही चाहते?
34.(क) क्या आप चाहते है कि आप हमेशा बीमार पड़े रहें और लोग आपकी देखभाल में लगे है?
35.(च) क्या आपको अपने पर कभी कभी रोना आता है?
36.(छ) क्या आपको अपनी सम्पत्ति, पेंशन, भविष्य निधि के पैसो को अधिक संजोग की आदत है?
37.(घ) क्या आप (पति पत्नी) आपस में मनमुटाव होने पर भी किसी को इस बात को महसूस नही होने देतें?
38.(ग) अबकाश गृहण करने के बाद या रोजगार से अलग होने के बाद क्या आपकी रुचि लोगों के प्रति कम हो गई है?
39.(ख) अगर आपके पास पर्याप्त धन और सम्पत्ति है तो क्या आप बच्चों को उस धन का उपयोग करने देते है?
40.(क) क्या आप अपनी बीमारी की हालत में हर चीज की, लोगों से अधिक अपेक्षा करने लगते है?
41.(ग) क्या आप कभी इतने निराश हो जाते है और बिल्कुल अकेला रहना चाहते है?
42.(छ) धन रहते हुए भी आप अस उम्र में बहुत कम खर्च तो नही करना चाहते?
43.(ग) क्या आप छोटे बच्चों में रुचि लेते है और उन्हे नैतिक बातों की जानकारी कहानियों से या पुस्तके पढ़कर देते है?
44.(घ) क्या आप अपने जीवन साथी की पसन्द का ख्याल रखते है?
45.(क) वृद्धावस्था में किसी भी प्रकार का रोग हो सकता है, क्या इस बात पर आप बराबर चिन्तित रहते है?

46.(छ) क्या आपको पैसों के लिए अपने बच्चो पर निर्भर रहना अच्छा लगता है?

47.(ध) क्या आप ऐसा महसूस करते है कि पत्नी को बाहर के कामों में अधिक रुचि नही लेनी चाहिए, और उसे घर के दायरे तक की सीमित रहना चाहिए?

48.(ख) क्या आप ऐसा महसूस करते है कि घर के लोगों को आपकी आवश्यकता है?

49.(क) क्या अपना व्यवहार बीमारी में ऐसा रखते है कि सभी को पता न लगे कि आप बीमार है?

50.(च) क्या आप अपने उपर ही क्रोध करते है?

51.(घ) क्या आप पति पत्नी अभी भी एक दूसरे पर उतना विश्वास रखते है जितना पहले रखते थे?

52.(ग) क्या समाज में लोंग आपको अनुभवी और परिपक्व की श्रेणी में रखते है और आपको आदर देतें है?

53.(क) आप अपनी अस्वस्थता के कारण घर के लोगों को मुश्किल में तो नही डाले रहते?

54.(छ) क्या आप चाहते है कि अवकाश के बाद भी आप स्वयं कुछ अर्जित करते रहे?

55.(घ) क्या आप अपने आपको आकर्षक वनाए रखने के लिए तरह तरह के कृत्रिम उपाय करते रहते है?

56.(क) क्या आप थोड़ो सी बीमारी में भी चाहते है कि आप अकेले पड़े रहे?

57.(च) क्या आपको यह भय तो नही लगा रहता कि आप कही गिर न जायें?

58.(ग) क्या अब आप लोगों की भीड़ भाड़ से घर के बाहर अधिक परेशान हो जाते है?

59.(क) क्या किसी भी बीमारी से आप पर गहरी निराशा छाई रहती है?

60.(छ) क्या आपके पास पर्याप्त जमा पूँजी है और आप पूरी तरह से सन्तुष्ट है?

61.(ख) क्या आप चाहते है कि आपके बच्चे हमेशा आश्राकारी बने रहें, और इसी बात पर आप चिंतित रहतें है?

62.(च) क्या आप अकेले कमरे में दरवाजा बन्द करके सोना पसन्द करते है?

63. (क) क्या हर दिन सुबह से ही आप अपने को बीमार जैसा थका हुआ पाते है?

64.(ख) क्या आप बच्चों को स्वतत्र रूप से उनकी जिम्मेदारियों को निभाने की छूट देते है

65.(ग) जब कभी आप अपने मित्रों के बीच बैठते है तो उन्हे भी बोलने का मौका देते है या स्वयं ही उसका लाभ उठाते है?

66.(क) क्या आप अपनी बीमारी की हालत में भी इस बात को महत्व देते है कि आत्मबल से आप अपनी बीमारी कम कर सकेगें?

67.(ख) क्या आप महसूस करते है कि अगर आपकी मृत्यु हो जाएगी तो आपकी पत्नी पति का जीवन बच्चों के हाथ सुरक्षित रहेगा?

68.(च) क्या आप यह सोचकर परेशान रहते है कि इस जीवन ने आपको बहुत नही दिया?

69.(ग) पहले की तुलना में क्या अब आप अपने मित्रों से अपनी समस्या या कठिनाई की चर्चा अधिक करते है?

70.(घ) क्या आप रूपरगं के बाहरी आकर्षण को अपने वैवाहिक जीवन में अधिक महत्व देते है?

71.(छ) क्या आपने अपनी सम्पत्ति, भविष्य निधि या और किसी भी बचत को बच्चों में पहले ही बॉट दिया है जिसके कारण अब आप अपने को मजबूर समझते है?

72.(ग) क्या आप जीवन को आशामय लेते हुए समाज में लसेगों के लिए प्रेरणास्वरूप कुछ कार्य करते है?

73.(ख) क्या आप घर के वातावरण को आनन्दमय बनाने में सहयोग देते है?

74.(च) क्या आपको हमेशा किसी चीज के खो जाने का डर लगा रहता है?

75.(घ) अगर आपकी पत्नी सुशिक्षित और अपने कार्य क्षेत्र में निपुण है तो आपको उससे ईर्ष्या तो नही होती?

76.(क) क्या आप पिछले कुछ वर्षो से लगातार बीमार रहे है?

77.ख क्या बीमार पड़ने से आप इसलिए डरते है कि लोग आपकी सेवा नही करेगें?

78.(च) क्या आप स्वयं को किसी काम में व्यस्त रखना अधिक अच्छा समझते है, क्योकि अकेलापन आपको काटता है?

79.(घ) अगर आपकी पत्नी कमाउ है तो इस बात` आप में अहं की भवना का अधिक बोध तो नही होता?

80.(च) क्या आपको ऐसा महसूस होता है कि दूसरों की तुलना में आपके जीवन में कोई आकर्षण नही?

81.(ग) क्या आ बुजुर्ग होने के नाते लोगों के बीच अपनी अलग पहचान बनाना चाहते है?

82.(छ) क्या आपके अवकाश के बाद भी बच्चों का दायित्व, जैसे शादी ब्याह, पढ़ाई लिखाई इत्यादि आप पर है?

83.(क) घर में रहे हुए बीमारी के समय क्या आप किसी नर्स की सेवा लेना चाहते है?

84.(क) क्या आप इस बात को महत्व देते है कि वृद्धावस्था में अस्वस्थता तो बनी रहती है, इसलिए आप चिन्ता ँयों करें?

85.(ख) क्या घर में आपको अपनी रूचि और स्वाद के अनुकुल भोजन उपलब्ध है?

86.(च) क्या आप अपने मित्रों और सम्बन्धियों की मृत्यु को याद कर अधिक दुःखी और चिन्तित इसलिए हो जाते है कि आपको अपनी मृत्यु से डर लगता है?

87.(छ) क्या आप ऐसा सोचते है कि बच्चों की जरूरतें अरपने पूरी की हैं और बड़े होने पर वह अपनी आय से आपकी जसरतें पूरी करें?

88.(ख) क्या घर के लोग दूसरों के सामने आपकी उपस्थिति पसन्द करते है?

89.(क) अगर आप अकेले है और बीमार हो गए है तो क्या आप अपने बच्चों के पास जाना चाहते है?

90.(छ) अब आप स्वयं रोजी तो नही कमाते इसलिए कहीं आप अपने आपको बहुत छोटा तो नहीं समझते?

91.(घ) क्या आप अपने जीवन साथी की भावना की कद्र करते है?

92.(क) क्या आप हर तरह का शारीरिक कष्ट बिना घबराहट झेलते है?

93.(क) क्या आप किसी भी बात को जल्दी भूल जाते है?

94.(ग) क्या आप दूसरों का दुःख सुख बॉटने की प्रबल इच्छा रखते है?

95.(च) क्या आप कभी इस बात पर अधिक दुःखी हो जाते है कि आप दूसरों पर निर्भर है

96.(छ) क्या आप इस बात में विश्वास रखते हे कि अपनी स्वतन्त्र आमदनी या पैसे के अभाव में समाज मे प्रतिष्ठा नहीं रहती?

97.(घ) उम्र ढलने के बाद पति पत्नी के सम्बन्धों में कोई बिखराव या कड़वाहट तो नही पैदा हो गई है?

98.(क) क्या आप बीमारी मे समय स्वयं को बहुत अकेला और असुरक्षित महसूस करते है?

99.(ख) क्या आप घर के लोगों के साथ रेडियों सुनना, टी0 वी0 देखना ज्यादा पसन्द करते है?

100. (ग) क्या आप समय व्यतीत करने के लिए कुछ खेल घर के बच्चों के साथ खेलना पसन्द करते है?

101. (ख) किसी भी पारिवारिक समस्या को सुलझाने में आप अपना सुझाव देना पसन्द करते है?

102. (च) क्या आप अभी दैनिक जीवन के कार्य कलापों को नियमित ढंग से लेकर चलते है?

103. (ग) क्या आप हर व्यक्ति को सन्देह की दष्टि से देखते है?

104. (घ) क्या आप सोचते है कि आजीवन और मृत्यु उपरान्त अपनी पत्नी को किसी पर बोझ न बनने दें?

105. (क) क्या आपको नींद कम आती है?

106. (ग) क्या आप इस उम्र में भी सामाजिक है जैसे पहले थे?

107. (ख) क्या आप अपने व्यक्तिगत समस्या को घर के लोगों के साथ बॉटते है?

108. (ख) क्या आप अपनी व्यक्तिगत समस्या को घर के लोगों को कहने में संकोच करते है?

109. (छ) क्या आप ऐसा सोचते है कि आपकी व्यक्तिगत आय सीमित होने पर आपके हाथ बॅध गए है?

110. (च) क्या आप जोर की आवाज और तेज रोशनी से डर जाते है?

111. (ग) घर में किसी अतिथि के आने से क्या आपको खुशी नही होती?

112. (क) आप अपनी बीमारी से घबड़ाकर आत्मकथा की बात तो नही सोचते?

113. (ख) क्या आपका घर में किसी विशेष व्यक्ति के प्रति लगाव है?

114. (छ) क्या आप अपनी जरूरतों को पूरा करने के लिए, जिससे आमदानी होती रहे, कोई पार्ट टाइप काम करना पसन्द करते है?

115. (च) क्या आप मन की बेचैनी के कारण अक्सर रात में उठकर टहलने लगते है?

116. (क) जब कभी आप डाक्टर के पास जाते है तो क्या आप अगने रोग को अधिक बढ़ा चढ़ा कर कहते है?

117. (ख) क्या घर में लोग आपके विचारों की प्रशंसा करते है?

118. (घ) क्या आप घर के किसी भी सदस्य की समस्या को सुनना पसन्द करते है?

119. (ग) क्या आको ऐसा लगता है कि घर के लोग आपसे इसलिए अलग रहते है क्योकि आप बहुत चिड़चिड़े हो गए है?

120. (च) क्या आप किसी दुर्घटना का समाचार सुनना भी नही चाहते?

121. (छ) क्या आप यह सोचते है कि आपके आर्थिक रूप से सम्पन्न रहने पर बच्चे भी आपके नियंत्रण में रहते है?

122. (ख) क्या आप घर में अपना समय खुशहाली से बिताने में समर्थ है?

123. (ख) क्या आप परिवार के प्रति जिम्मेदारी पूरी करने के बाद भी कभी कभी अकारण चिन्तित हो जाते है?

124. (क) क्या आप अपनी दवा, आहार, दैनिक आवश्यकताओं के लिए इस उम्र में अधिक चिन्तित रहते है?

125. (ख) क्या आप यह महसूस करते है कि आपका घर हर तरह से सम्पन्न और खुशहाल है?